

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

-----AMENDED-----
APPROVED AND FILED

1996 AUG 12 PM 12: 50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PA4000063582
 1. Corporation Name
Airborne Security & Services, Inc.

Principal Place of Business Mailing Address

3575 Northeast 207th Str. Suite B-20 Aventura, Florida 33180 **c/o U. S. Security Associates, Inc. 2964 Peachtree Road, N.E. Suite 200 Atlanta, Georgia 30305**

2. Principal Place of Business 2a. Mailing Address

21. Suite Apt #, etc 26. Suite, Apt #, etc

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

3. Date Incorporated or Qualified 3a. Date of Last Report

08/29/1994 **06/07/1995**

4. FET Number Applied For

65-0516597 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T Corporation System
 1200 South Pine Island Road
 Plantation, Florida 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent or director (Typed name of registered agent required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/V/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oringer, Kenneth W.	1.2 NAME	
STREET ADDRESS	89 Headquarters Plaza, North TWR.	1.3 STREET ADDRESS	2964 Peachtree Rd., N.E. Suite 200
CITY-ST-ZIP	Morristown, NJ. 07960	1.4 CITY-ST-ZIP	Atlanta, Georgia 30305
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schneider, Charles R.	2.2 NAME	
STREET ADDRESS	89 Headquarters Plaza, North TWR.	2.3 STREET ADDRESS	2964 Peachtree Rd., N.E., Suite 200
CITY-ST-ZIP	Morristown, NJ. 07960	2.4 CITY-ST-ZIP	Atlanta, Georgia 30305
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	Massemei, Guido R.	3.2 NAME	
STREET ADDRESS	2964 Peachtree Road, N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Georgia 30341	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	John L. Flowers
STREET ADDRESS		4.3 STREET ADDRESS	3575 North 207th Street, Suite B-20
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Aventura, Florida 33180
TITLE		5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Debra A. Flowers
STREET ADDRESS		5.3 STREET ADDRESS	3575 North 207th Street, Suite B-20
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Aventura, Florida 33180
TITLE		6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robert B. Fortney
STREET ADDRESS		6.3 STREET ADDRESS	9121 North Military Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm Beach, Florida 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Kenneth W. Oringer 8/9/96 404-240-1244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)