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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000063582 (8)

1. Corporation Name

AIRBORNE SECURITY & SERVICES, INC.

Principal Place of Business

3575 N.E. 207TH STREET
SUITE B-20
AVENTURA FL 33180

Mailing Address

C/O U.S. SECURITY ASSOCIATES, INC.
2964 PEACHTREE ROAD N.E., SUITE 200
ATLANTA GA 30305-2119



3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0516597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 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

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VTSD	ORINGER, KENNETH W	2964 PEACHTREE RD. NE, SUITE 200	ATLANTA GA 30305	<input type="checkbox"/>
D	SCHNEIDER, CHARLES R	2964 PEACHTREE RD. NE, SUITE 200	ATLANTA GA 30305	<input type="checkbox"/>
D	THOMA, CARL D	6100 SEARS TOWER NO.TWR., 14TH FL	CHICAGO IL 60606	<input type="checkbox"/>
PD	FLOWERS, JOHN L	3575 NORTH 207TH STREET., SUITE B-20	AVENTURA FL 33180	<input type="checkbox"/>
V	FLOWERS, DEBRA A	3575 NORTH 207TH STREET., SUITE B-20	AVENTURA FL 33180	<input type="checkbox"/>
V	FORTNEY, ROBERT B	9121 NORTH MILITARY TRAIL	PALM BEACH FL 33410	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 duly authorized agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles R. Schneider, Director

Date

Daytime Phone #

1-800-248-2323

0011569

CR2E034 (9/96)