

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

FOR-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 <i>800 Mansell Court East</i>
22 City & State	27 <i>500</i>
23 Zip	28 <i>Roswell GA</i>
24 Country	29 <i>30076</i>
25 Country	30 <i>US</i>

3 Date Incorporated or Qualified 08/29/1994
4 FEI Number 65-0516597
5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200 Mansell Court East, Suite 500
1.4 CITY-ST-ZIP	Roswell, GA. 30076
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200 Mansell Court East, Suite 500
2.4 CITY-ST-ZIP	Roswell, GA. 30076
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 on an attachment with an address.

SIGNATURE: *Kenneth W Oringer* *Debra A Flowers* *Robert B Fortney* *65-0516597*

CR2E034 (10/97)