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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000063582 (8)

AIRBORNE SECURITY & SERVICES, INC.

Principal Place of Business

Mailing Address

3575 N.E. 207TH STREET

C/O U.S. SECURITY ASSOCIATES, INC.

**FILED** Feb 27 1998 8:00am Secretary of State



SUITE 8-20 2964 PEACHTREE ROAD N.E., SUITE 200 AVENTURA FL 33180 DO NOT WRITE IN THIS SPACE ATLANTA GA 30305 3. Date Incorporated or Qualified <u>08/29/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 200 Mansell Court East 65-0516597 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 500 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Roswell 64 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible *30016* UŚ 30 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE X Change Addition TITLE VTSD 1.1 TITLE ORINGER, KENNETH W NAME 1.2 NAME \_00 Mansell Court East, Suite 500 2964 PEACHTREE RD. NE. SUITE 200 STREET ADDRESS 1.3 STREET ADDRESS Roswell, GA. 30076 ATLANTA GA 30305 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHNEIDER, CHARLES R NAME 2.2 NAME 200 Mansell Court East, Suite 500 2964 PEACHTREE RD. NE, SUITE 200 STREET ADDRESS 2.3 STREET ADDRESS atlanta ga 30305 Roswell, GA. CITY-ST-ZIP 2. 4 CITY - ST - ZIP 30076 DELETE Addition Change TITLE 3.1 TITLE THOMA, CARL D 3.2 NAME 6100 SEARS TOWER STREET ADDRESS NO.TWR., 14TH FL 3.3 STREET ADDRESS CHICAGO IL 60606 CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE FLOWERS, JOHN L 4.2 NAME NAME 3575 NORTH 207TH STREET., SUITE B-20 STREET ADDRESS 4.3 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE FLOWERS, DEBRA A NAME 5.2 NAME 3575 NORTH 207TH STREET., SUITE B-20 5.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE FORTNEY, ROBERT B NAME 6.2 NAME 9121 NORTH MILITARY TRAIL STREET ADDRESS 6.3 STREET ADDRESS PALM BEACH FL 33410 DITY-ST-ZIP 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. -100