

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057736 (9)

1. Corporation Name
MARGSON, INC.



Principal Place of Business
**11201 DANKA CIRCLE NORTH
ST PETERSBURG FL 33716**

Mailing Address
**11201 DANKA CIRCLE NORTH
ST PETERSBURG FL 33716**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

30 Country

g. Name and Address of Current Registered Agent

**POWERS, JILL F
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified 08/17/1993	3a. Date of Last Report 01/19/1995
4. FEI Number 59-3197123	Applied For Not Applicable
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 has liability for intangible tax under s. 193.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1806, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0106, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to file this report

Signature of the person who is authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	P DOYLE, DANIEL M	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	11201 DANKA CIR N	
12.3 CITY-STATE-ZIP	ST PETERSBURG FL	
12.4 TITLE	V	<input type="checkbox"/> DELETE
12.5 NAME	SNELL, DAVID	<input type="checkbox"/> DELETE
12.6 STREET ADDRESS	11201 DANKA CIR N	
12.7 CITY-STATE-ZIP	ST PETERSBURG FL	
12.8 TITLE		<input type="checkbox"/> DELETE
12.9 NAME		<input type="checkbox"/> DELETE
12.10 STREET ADDRESS		
12.11 CITY-STATE-ZIP		
12.12 TITLE		<input type="checkbox"/> DELETE
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied was true and voluntary, 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. 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. (Changes or on an appointment with an address.)

SIGNATURE: *D.M. Doyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96
DATE

CR2E034 (12/95)