

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 495242

(0)

1. Corporation Name

A'LEON BUSINESS MACHINES, INC.

Principal Place of Business

**5800 SW 8 STREET
MIAMI FL 33144**

Mailing Address

**5800 SW 8 STREET
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1976

3a. Date of Last Report

02/10/1994

2. Principal Place of Business

2a. Mailing Address

21 11201 DANKA CIRCLE NORTH

26 11201 DANKA CIRCLE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORP. TAX

27 CORP. TAX

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33716

25 USA

29 33716

30 USA

4. FEI Number

59-1682198

Applied For

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**

7. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 (print or printed name of registered agent and title if applicable)

(203) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
LEON, ABILIO
10002 S.W. 79TH AVENUE
MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
**PRES./ DIRECTOR
DOYLE, DANIEL M.
11201 DANKA CIRCLE NORTH
ST. PETERSBURG, FL 33716**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**ST
LEON, MARIA
10002 S.W. 79TH AVENUE
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
**VICE PRES./ DIRECTOR
SNELL, DAVID C.
11201 DANKA CIRCLE NORTH
ST. PETERSBURG, FL 33716**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
**SECRETARY / DIRECTOR
TAYLOR, DEBRA A.
11201 DANKA CIRCLE NORTH
ST. PETERSBURG, FL 33716**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
**TREASURER / DIRECTOR
FREEMAN, WILLIAM T.
11201 DANKA CIRCLE NORTH
ST. PETERSBURG, FL 33716**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

R. SCOTT REPINSKI
TAX DIRECTOR

(813) 576-6003