

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001041 (0)
1. Corporation Name
DANKA CORPORATION



Principal Place of Business 11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716	Mailing Address 11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716-3712
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3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 93-1201690	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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 11201 Danka Circle N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Tax Department
City & State 23	City & State 28 St. Petersburg FL
Zip 24	Country 25
Country 25	Zip 29 33716
	Country 30 US

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	DOYLE, DANIEL M	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SNELL, DAVID C	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TAYLOR, DEBRA A	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM T	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	THORN, W T III	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel M. Doyle	
1.3 STREET ADDRESS	11201 Danka Circle N.	
1.4 CITY-ST-ZIP	St. Petersburg FL 33716	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R. Paul Umberg	
2.3 STREET ADDRESS	11201 Danka Circle N.	
2.4 CITY-ST-ZIP	St. Petersburg FL 33716	
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary M. McGrath	
3.3 STREET ADDRESS	11201 Danka Circle N.	
3.4 CITY-ST-ZIP	St. Petersburg FL 33716	
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 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 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 _____

CR2E034 (9/96)