

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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2. Principal Place of Business 21		2a. Mailing Address 26 <i>11201 Danka Circle N.</i>		3. Date Incorporated or Qualified 02/29/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <i>Tax Department</i>		4. FEI Number APPLIED FOR 93-1201690		Applied For Not Applicable	
City & State 23		City & State 28 <i>St. Petersburg FL</i>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29 <i>33716</i>	Country 30 <i>US</i>	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			

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	C/D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DANIEL M	1.2 NAME	<i>Daniel M. Doyle</i>
STREET ADDRESS	11201 DANKA CIRCLE NORTH	1.3 STREET ADDRESS	<i>11201 Danka Circle N.</i>
CITY-ST-ZIP	ST PETERSBURG FL 33716	1.4 CITY-ST-ZIP	<i>St. Petersburg FL 33716</i>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, DAVID C	2.2 NAME	<i>R. Paul Umberg</i>
STREET ADDRESS	11201 DANKA CIRCLE NORTH	2.3 STREET ADDRESS	<i>11201 Danka Circle N.</i>
CITY-ST-ZIP	ST PETERSBURG FL 33716	2.4 CITY-ST-ZIP	<i>St. Petersburg FL 33716</i>
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, DEBRA A	3.2 NAME	<i>Gary M. McGrath</i>
STREET ADDRESS	11201 DANKA CIRCLE NORTH	3.3 STREET ADDRESS	<i>11201 Danka Circle N.</i>
CITY-ST-ZIP	ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP	<i>St. Petersburg FL 33716</i>
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, WILLIAM T	4.2 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, W T III	5.2 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

CR2E034 (9/96)