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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2:23

DOCUMENT # **S50187** (1)

1. Corporation Name
AMERICAN BUSINESS CREDIT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
11201 DANKA CIRCLE NORTH **11201 DANKA CIRCLE NORTH**
CORP. TAX **CORP. TAX**
ST. PETERSBURG FL 33716 **ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/07/1991** 3a. Date of Last Report **06/23/1994**
4. FEI Number **59-3066163** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fes Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (Type or print name of registered agent and title if applicable) _____ (Type registered agent signature, registered agent name, and title) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE DP	DOYLE, DANIEL M. 11201 DANKA CIRCLE NORTH ST. PETERSBURG FL
TITLE DV	SNELL, DAVID C. 11201 DANKA CIRCLE NORTH ST. PETERSBURG FL
TITLE DT	FREEMAN, WILLIAM T 11201 DANKA CIR N ST PETERSBURG FL
TITLE DS	TAYLOR, DEBRA A 11201 DANKA CIR N ST PETERSBURG FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRES
52 NAME	MESSINA, JAMES V.
53 STREET ADDRESS	11201 DANKA CIRCLE NORTH
54 CITY ST ZIP	ST PETERSBURG, FL 33716
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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)(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, 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* **R. SCOTT REPINSKI** **TAX DIRECTOR** **(813) 576-6003**
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)