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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90220 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S50187

1. Corporation Name
AMERICAN BUSINESS CREDIT CORPORATION



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

Mailing Address
**11201 DANKA CIRCLE NORTH
 CORP. TAX
 ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1991

4. FEI Number
59-3066163 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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, 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	C	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, DANIEL M.	1.2 NAME	Larry K. Switzer
STREET ADDRESS	11201 DANKA CIRCLE NORTH	1.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, DAVID C.	2.2 NAME	Brian L. Merriman
STREET ADDRESS	11201 DANKA CIRCLE NORTH	2.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SVIJK, PAUL K	3.2 NAME	Michel Amblard
STREET ADDRESS	11201 DANKA CIRCLE NORTH	3.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, DAVID P	4.2 NAME	SIVID
STREET ADDRESS	11201 DANKA CIR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, GARY M	5.2 NAME	Mark Wolfinger
STREET ADDRESS	11201 DANKA CIRCLE N	5.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	L. Jean Berry
STREET ADDRESS		6.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg FL 33716

14. I 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, with all other like empowered

SIGNATURE: L. Jean Berry 4/22/99 (727) 576-6003
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)