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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000005239

1. Corporation Name
DANKA OFFICE IMAGING COMPANY



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

Mailing Address
**11201 DANKA CIRCLE NO
 TAX DEPARTMENT
 ST PETERSBURG FL 33716
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3407614	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, DANIEL M	1.2 NAME	Brian L. Merriman
STREET ADDRESS	11201 DANKA CIRCLE NORTH	1.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	1.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	VPD	2.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, DAVID C	2.2 NAME	Larry K. Switzer
STREET ADDRESS	11201 DANKA CIRCLE NORTH	2.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	2.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	PD	3.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, PETER G	3.2 NAME	F. Mark Wolfinger
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	SIN ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, DAVID P	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	T	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUIJK, PAUL K	5.2 NAME	Michel Amblard
STREET ADDRESS	11201 DANKA CIRCLE NORTH	5.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	5.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	AS	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORN, W. T III	6.2 NAME	L. Jean Berry
STREET ADDRESS	11201 DANKA CIRCLE NORTH	6.3 STREET ADDRESS	11201 Danka Circle N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/22/99
 DAYTIME PHONE #: (727) 576-6003

CR2E034 (1/1/98)