FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

F94000001496 (8) **DOCUMENT #**

INACOM COMMUNICATIONS, INC.

Principal Place of Business	

Mailing Address



10810 FARN OMAHA NE US		10810 Farnam Dr. Omaha ne 68154		Date Incorporated or Qualified	3a. Date of Last Report
				03/24/1994	05/01/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
51 TO87C		26 10810 Far	nam Dr.	47-0721478	Not Applicable
Suite, Apt.	: Finance Dept.	Suite, Apt. #, etc.	rance Pept	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	aha. NE	28 Oraha	NE	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 CE)			Country J.S	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Ro	egistered Agent
	Phon I Tiday out		81 Name		
	PRPORATION SYSTEM		82 Street Addres	ss (P.O. Box Number is Not Acceptable	e)
l .	. PINE ISLAND RD.				
PLANIA	ATION FL 33324		83		
			84 City		FL 85 Zip Code
	to the provisions of Sections 607,0502 an ed agent, or both, in the State of Florida. th, and accept the obligations of, Section		the above named corporat by the corporation's board	ion submits this statement for the purp of directors. I hereby accept the appo	
SIGNATURE	, ,				
	Signature, typed or printed name of registered agent and	trie if applicable. (NOTE:	Registered Agent signature required v	then rainstating)	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE P	D (Pres. & Director	
NAME	GEORGE DE SOLA		1.2 NAME		
STREET ADDRESS	10810 FARNAM DR.		13 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP		- 68154
TITLE	S	☐ DELETE	2.1 TITLE 5	D (Sec. & Directo	Change Addition
NAME	STEFFAN, MICHAEL		2.2 NAME		<i>></i> / <i>-</i>
STREET ADDRESS	10810 FARNAM DR.		2.3 STREET ADDRESS		i
CiTY-ST-ZIP	OMAHA NE 68154		24 CITY-ST-ZIP		
TillE		DELETE	3 1 TITLE		Change Addition
NAME	GOLDSBERRY, GARY		3.2 NAME		
STREET ADDRESS	10810 FARNAM DR.		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	OMAHA NE 68154		3 4 CITY - ST- ZIP		
TITLE	D	☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME	FAIRFIELD, BILL		4.2 NAME		
STREET ADDRESS	10810 FARNAM DR.		4.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE 88154		4.4 CITY-ST-ZIP		
TOFLE	D	☐ DELETE	5. 1 TITLE		Change Addition
NAME	GUENTHNER, DAVID		5.2 NAME		_ ,
STREET ADDRESS	10810 FARNAM DR.		5.3 STREET ADDRESS		J
DITY-S*-ZIP	OMAHA NE 68154		5.4 CITY-ST-ZIP		
TrTLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY-ST-ZIP		
14. Ldo hereby	certify that the information supplied with	this filma is voluntarily furnishe	d and does not qualify for	the exemption stated in Section 119.07	NOVE A FIRST OF THE PARTY OF TH

supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under receive in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address oath; that I am an officer or di appears in Block 12 or Block

Steffan, 4/23/96 (402)392-3900 **SIGNATURE**