

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000039247 (9)

1. Corporation Name

DATACOM DISTRIBUTION, INC.



Principal Place of Business

1250 S HARBOR CITY BLVD  
SUITE 9  
MELBOURNE FL 32901

Mailing Address

1250 S HARBOR CITY BLVD  
SUITE 9  
MELBOURNE FL 32901

3. Date Incorporated or Qualified  
05/20/1994

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

USA

4. FEI Number  
59-3243444

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LYMBURNER, KEITH E  
588 SPRING LAKE DRIVE  
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1250 S. HARBOR CITY BLVD

83 STE #9

84 City

MELBOURNE

FL

85 Zip Code

32901

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 filed if applicable

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME LYMBURNER, KEITH E  
STREET ADDRESS 1250 S HARBOR CITY BLVD SUITE 9  
CITY- ST- ZIP MELBOURNE FL 32901

TITLE D  
NAME LYMBURNER, ANITA G  
STREET ADDRESS 1250 S HARBOR CITY BLVD SUITE 9  
CITY- ST- ZIP MELBOURNE FL 32901

TITLE D  
NAME WILSON, ROBERT P  
STREET ADDRESS 1250 S HARBOR CITY BLVD SUITE 9  
CITY- ST- ZIP MELBOURNE FL 32901

TITLE D  
NAME SPIVEY, SUSAN J  
STREET ADDRESS 1250 S HARBOR CITY BLVD SUITE 9  
CITY- ST- ZIP MELBOURNE FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(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:

KEITH LYMBURNER

Keith Lymburner - President 4/10/96 (407) 722-9447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)