

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 C CORPORATIONS

1996-12-96 B-1006 C

DOCUMENT # **L42626 (6)**
1. Corporation Name
DSL CORPORATION



Principal Place of Business Mailing Address
**2806 WISTERIA PL SE
DECATUR AL 35603
US** **2806 WISTERIA PL SE
DECATUR AL 35603
US**

3. Date Incorporated or Qualified **01/10/1990** 3a. Date of Last Report **04/20/1995**
4. FEI Number **65-0163660** 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

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

9. Name and Address of Current Registered Agent
**GORDON, MIKE
6753 SW CINNAMON CT
STUART FL 34997**

10. Name and Address of New Registered Agent
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 607.0102 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	DPT	<input type="checkbox"/> DELETE
2. NAME	WINTERS, GARY P	
3. STREET ADDRESS	2806 WISTERIA PL SE	
4. CITY, ST, ZIP	DECATUR AL	
5. TITLE	DVS	<input type="checkbox"/> DELETE
6. NAME	WINTERS, KAREN L	
7. STREET ADDRESS	2806 WISTERIA PL SE	
8. CITY, ST, ZIP	DECATUR AL	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	ASHLOCK, ALMA	
11. STREET ADDRESS	4400 N M ST	
12. CITY, ST, ZIP	FT SMITH AR	
13. TITLE	D	<input type="checkbox"/> DELETE
14. NAME	ASHLOCK, DORVAN	
15. STREET ADDRESS	4400 N M ST	
16. CITY, ST, ZIP	FT SMITH AR	
17. TITLE	D	<input type="checkbox"/> DELETE
18. NAME	GORDON, MIKE	
19. STREET ADDRESS	6753 SW CINNAMON CT	
20. CITY, ST, ZIP	STUART FL	
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Book 12 or Book 13 of the public trust on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 (205)340-9781

CR2E034 (12/95)