

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: 2806 WISTERIA PL SE, DECATUR AL 35803 US  
Mailing Address: 2806 WISTERIA PL SE, DECATUR AL 35603-9955 US



2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
City & State (22, 27)  
Country (23, 28)

3. Date Incorporated or Qualified: 01/10/1990  
3a. Date of Last Report: 02/12/1996  
4. FEI Number: 65-0163660  
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  
GORDON, MIKE  
6753 SW CINNAMON CT  
STUART FL 34997

10. Name and Address of New Registered Agent  
81 Name: GARY P WINTERS  
82 Street Address (P.O. Box Number is Not Acceptable): 926 S BLUEBIRD LN  
83  
84 City: HOMESTEAD FL 85 Zip Code: 33035

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WINTERS, GARY P	
STREET ADDRESS	2806 WISTERIA PL SE	
CITY-ST-ZIP	DECATUR AL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	WINTERS, KAREN L	
STREET ADDRESS	2806 WISTERIA PL SE	
CITY-ST-ZIP	DECATUR AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHLOCK, ALMA	
STREET ADDRESS	4400 N M ST	
CITY-ST-ZIP	FT SMITH AR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHLOCK, DORVAN	
STREET ADDRESS	4400 N M ST	
CITY-ST-ZIP	FT SMITH AR	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, MIKE	
STREET ADDRESS	6753 SW CINNAMON CT	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-21-97 (205) 340-9781

CR2E034 (9/96)