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

F9300001260 (9) DOCUMENT # 1. Corporation Name

DESI	CTOP SALES INC.			·			idiai ile	1 0 11 360 (1341 60 14 (13 61
Principal Plac	e of Business	Mailing Addres	s					
1175 LAKE GURNEE II US	SIDE DRIVE L 60031		1175 LAKESIDE DRIVE GURNEE IL 60031 US					
					3. Date Incorporated or Qualified 04/08/1993			st Report /1995
21	face of Business	2a. Mailing Add	Iress	3 /	4. FEI Number 36-3584471		Ţ	Applied For Not Applicable
Suite, Apt.		Suite, Apt	Suite, Apt. #, etc.		5. Certificate of Status Desired			.75 Additional
City & Stat		City & State	y & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7ρ 29	30	Country	8. This corporation has liability for Florida Statutes Yes	intangible ta		
	9. Name and Address of Curr	chi negistered Agent		81 Name	10. Name and Address of New R	egistered .	Agent	
HUPP, HEATHER 1106 NEW CASTEL LANE ORLANDO FL 32765				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84 City		FL	85	Zip Code
familiar wi	th, and accept the obligations of, Sc	ection 607.0505, Florida	Statutes	ne cosporation s pos	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of cha pintment as	nging registe	its registered office ered agent I am
12.	Signature typed or profeshed same of registeric ag	estanditto nappleade. NO DIRECTORS		eral Agent sayaibina ta pak		DATE		
TITLE	P	DEL		1 TiTuF	ADDITIONS/CHANGES TO OFFI			CTORS IN 12
NAME	SUTKER, ALLEN	[] 02.		.2 NAME		L	_] Chan	ge 🔲 Addition
STREET ADDRESS	1175 LAKESIDE DRIVE			3 STREET ADDRESS				
CITY - ST - ZIP	Gurnee IL			4 CHY+ST-ZIP				
TITLE	V	□ DE3		1 10 LE	☐ Change ☐ Addition			
NAME	POLINSKY, MARK		2	2 NAME		L	1 0.1011	a. [] Madition
STREET ADDRESS	1175 LAKESIDE DRIVE	•	2	3 STREET ADDRESS				
CiTY-S1-ZiP	GURNEE IL			4 OID ST ZIP				
TITLE	ST	[D£L		1 Title F			7 Chan	ao 🗖 Addtan

____ Addition **GUTMANN, CRAIG** NAME 3.2 NAME 1175 LAKESIDE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **GURNEE IL** CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELFTE 4.1 Table Change Add tien NAME 425485 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHY - ST-ZIP DELETE TIFLE 5 1 HitE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS. CITY-ST-ZIP 5.4 CiTY - ST. ZIP TITLE DELFTE 6 1 THLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7:P

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 gives 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 adaptive state of the corporation of the corpor

SIGNATURE:

NATURE AND TOPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(447) 360-7500