

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87606 (0)

1. Corporation Name
DSC SALES, INC.



Principal Place of Business 115 FOREST LAKES BLVD. P.O. BOX 013 OLDSMAR FL 34677 US	Mailing Address P. O. BOX 2123 P.O. BOX 010 OLDSMAR FL 34677-0016 US
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3. Date Incorporated or Qualified 12/02/1985	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 115 Forest Lakes Blvd Suite, Apt #, etc.	2a. Mailing Address 26 P. O. Box 2123 Suite, Apt #, etc.
22 City & State 23 Oldsmar, FL	27 City & State 28 Oldsmar, FL
24 Zip 34677 Country Pinellas	29 Zip 34677 Country Pinellas

4. FEI Number 59-2637652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

p. Name and Address of Current Registered Agent HAIR, STEVEN W. 835 MAIN ST., STE. D-3 SAFETY HARBOR FL 34895		10. Name and Address of New Registered Agent	
81 Name MICHAEL E. DRIS, ESO.	82 Street Address (P.O. Box Number is Not Acceptable) 114 S. Pinellas Avenue	83	
84 City Tarpon Springs,	85 Zip Code FL 34689		

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]* DATE: **April 10, 1997**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE DP	LIPSEY, LESLIE L.	<input type="checkbox"/> DELETE
NAME	1975 MCGREGOR RD.	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE SDT	LIPSEY, DANA Z.	<input type="checkbox"/> DELETE
NAME	1975 MCGREGOR RD.	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE DV	LIPSEY, LESLIE RICHARD	<input type="checkbox"/> DELETE
NAME	1754 STABLE TRAIL	
STREET ADDRESS	PALM HARBOR FL 34685	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **President 4-7-97 813-854-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)