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May 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H87606

1. Corporation Name
DSC SALES, INC.

Principal Place of Business
**115 FOREST LAKES BLVD
 OLDSMAR FL 34677
 US**

Mailing Address
**P O BOX 2123
 OLDSMAR FL 34677-0038
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1985

4. FEI Number
59-2637552 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

**DRIS, MICHAEL E ESQ
 114 S PINELLAS AVE
 TARPON SPGS FL 34689**

10. Name and Address of New Registered Agent

81 Name
Leslie R. Lipsey

82 Street Address (P.O. Box Number is Not Acceptable)
1754 Stable Trail

83

84 City
Palm Harbor 85 Zip Code
FL 34685

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 *Leslie R. Lipsey* **Leslie R. Lipsey, President** **4/29/99**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LIPSEY, LESLIE L.	
STREET ADDRESS	1975 MCGREGOR RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	LIPSEY, DANA Z.	
STREET ADDRESS	1975 MCGREGOR RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LIPSEY, LESLIE RICHARD	
STREET ADDRESS	1754 STABLE TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leslie R. Lipsey	
1.3 STREET ADDRESS	1754 Stable Trail	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
2.1 TITLE	Secretary-Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lauren Wanzie	
2.3 STREET ADDRESS	10241 Indian Mound Drive	
2.4 CITY-ST-ZIP	New Port Richey, FL 34654	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gregory L. Shattuck	
3.3 STREET ADDRESS	1621 Gulf Blvd. Unit #1106	
3.4 CITY-ST-ZIP	Clearwater, FL 33767	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leslie L. Lipsey	
4.3 STREET ADDRESS	1127 Royal Troon Court	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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 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, with all other like empowered.

SIGNATURE: *Leslie L. Lipsey* **Leslie L. Lipsey** **4/29/99** **813-854-3131**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)