

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087442

FILED
Apr 30, 2004
Secretary of State

Entity Name: DC SL, INC.

Current Principal Place of Business:

300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

Current Mailing Address:

300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

FEI Number: 65-1044559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

New Mailing Address:

3300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

Name and Address of Current Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR., STE 001
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: FALCONE, EDWARD W.
Address: 1140 HOLLAND DRIVE SUITE 8
City-St-Zip: BOCA RATON, FL 33487

Title: P () Delete
Name: LEHMANN, MICHAEL T.
Address: 1140 HOLLAND DRIVE SUITE 8
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: FALCONE, ARTHUR J.
Address: 1140 HOLLAND DRIVE SUITE 8
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD FALCONE

DST

04/30/2004

Electronic Signature of Signing Officer or Director

Date