

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 # 847768 (9)
 1. Corporation Name
OLDE DISCOUNT CORPORATION



Principal Place of Business 751 GRISWOLD ATTN: TAX DEPT DETROIT MI 48226 US	Mailing Address 751 GRISWOLD ATTN: TAX DEPT DETROIT MI 48226-3224 US
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3. Date Incorporated or Qualified 12/22/1980	3a. Date of Last Report 04/24/1996
4. FEI Number 38-1961943	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SUTKA, PATRICK
STREET ADDRESS	751 GRISWOLD
CITY- ST- ZIP	DETROIT MI
TITLE	S <input type="checkbox"/> DELETE
NAME	FILDES, LISA S
STREET ADDRESS	751 GRISWOLD
CITY- ST- ZIP	DETROIT MI
TITLE	D <input type="checkbox"/> DELETE
NAME	DZOADO, MICHAEL
STREET ADDRESS	751 GRISWOLD
CITY- ST- ZIP	DETROIT MI
TITLE	CFOV <input type="checkbox"/> DELETE
NAME	SUTTON, MACK H.
STREET ADDRESS	751 GRISWOLD
CITY- ST- ZIP	DETROIT MI
TITLE	D <input type="checkbox"/> DELETE
NAME	MUDGE, RANDAL J.
STREET ADDRESS	751 GRISWOLD
CITY- ST- ZIP	DETROIT MI
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	DZIALO, MICHAEL
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 checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR PATTERSON, DANIEL
6.3 STREET ADDRESS	751 GRISWOLD
6.4 CITY- ST- ZIP	DETROIT MI 48226

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: _____ Date: **4/11/97** Daytime Phone #: **313-961-6666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mack H. Sutton**
 0480226

CR2E034 (9/96)