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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

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Apr 22 1997 8:00am
Secretary of State

DOCUMENT # 847768 (9)  OLDE DISCOUNT CORPORATION									
rincipal Place of Business Mailing Address 11 GRISWOLD 751 GRISWOLD ITN: TAX DEPT ATTN: TAX DEPT ETROIT MI 48226 S US									
		US				<ol> <li>Date Incorporated or Qualifie</li> <li>12/22/1980</li> </ol>		ate of Last F 24/1996	Report
Principal	Place of Business	2a. Mailing /	Address			4. FEI Number			oplied For
College And		26	ot. #, etc			38-1961943			ot Applicable
Suite, Api	7 F, CR .	27	ρι. <del>π, α</del> ισ			5. Certificate of Status Desired			Additional equired
City & St	ate	City & St	tate	<del> </del>		6. Election Campaign Financing		\$5.00	May Be
· · · · · · · · · · · · · · · · · · ·	T Comment	28	·	Countr		Trust Fund Contribution			to Fees
Zip	Country 25	Zip 29		30	у	<ul> <li>B. This corporation has liability f</li> <li>Florida Statutes</li> </ul>	or intangible  X Yes		i. 199 032,
	9, Name and Address of Cu		ent			10. Name and Address of New			
	CORPORATION SYSTEM			8	Name				
	00 S. PINE ISLAND ROAD ANTATION FL 33324			6:		ddress (P.O. Box Number is Not Accep	table)		
					<u> </u>				
				84	1 = 7		FL	_   ' ' '	Code
BNATURE						orporation submits this statement for the oration's board of directors. I hereby ac			
SNATURE	Signature, typed or printed name of registers	ed agend and this if applicable BAND DIRECTORS	(NC	TE Registered A	gent signature re	equred when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTOR	RS IN 12
BNATURE	Signature, typed or printed name of registers OFFICERS	ed agend and this if applicable BAND DIRECTORS		TE Registered A	gent signature re	equired when reinstating)	DATE		RS IN 12
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information indicated or first annual report or supplemental annual report is five a no accurate and mat my signature shall have the same legal effect or first annual report is five and accurate and mat my signature shall have referred by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an extachment with an address

SIGNATURE:

ATURE AND TYPE OR PRINTED NAME OF SURMING OFFICER OR D Mack H. Suffor

0480226