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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

OLDE DISCOUNT CORPORATION

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	1		ALBU EIBIN ALBU AIBIN AIBIN HAN	
751 GRISWOLD	751 GRISWOLD				
ATTN: TAX DEPT	ATTN: TAX DEPT				
DETROIT MI 48226	DETROIT MI 48226		DO NOT WRITE IN T	HIS SPACE	
US	U\$		3. Date Incorporated or Qualified 12/22/1980		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		38-1961943	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24 25		90	Personal Property Tax due June 30.	Yes 🔲 No	
g. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
CT CORPORATION SYSTEM 81 Name					
1200 8. PINE ISLAND ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					
		83			
		84 City		85 Zip Code	
			-	FL -	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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, typed or printed name of registered agen	<u>```</u>	Registered Agant signature require	· -··· · · · · · · · · · · · · · · · ·		
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME FILDES, LISA S	C precit	1.2 NAME		El Glange El Addition	
STREET ADDRESS 751 GRISWOLD		1.3 STREET ADDRESS			
CITY-ST-ZIP DETROIT MI					
TITLE D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME DZIALO, MICHAEL		2.2 NAME			
STREET ADDRESS 751 GRISWOLD		2 3 STREET ADDRESS			
CITY-ST-ZIP DETROIT MI		2 4 CITY-ST-ZIP			
TITLE CFOV	DELETE	3.1 TITLE		Change Addition	
NAME SUTTON, MACK H.	_	3.2 NAME			
STREET ADDRESS 751 GRISWOLD		3.3 STREET ADDRESS			
CITY-ST-ZIP DETROIT MI		3.4. CITY-ST-2IP			
TITLE D	☐ DELETE	4.1 TiTLE		Change Addition	
NAME MUDGE, RANDAL J.		4. 2 NAME			
STREET ADDRESS 751 GRISWOLD		4.3 STREET ADDRESS			
CITY-ST-ZIP DETROIT MI		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change Addition	
NAME PATTERSON, DANIEL		5.2 NAME			
STREET ADDRESS 751 GRISWOLD		5.3 STREET ADDRESS			
CITY-ST-ZIP DETROIT MI		54 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 of 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 chapter 50 or an attachment with an address.

1/4/22