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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

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Jan 29 1997 8:00am

Secretary of State

(96/6)

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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appears in Block 12 or Block 13 if changed, or on an attact

SIGNATURE AND PIPED OR P

SIGNATURE:

OLD GOLD DISCOUNT, INC.

1508 NORTH NEBRASKA AVE. 1508 NORTH NEBRASKA AVE. TAMPA FL 33602 TAMPA FL 33802-2850 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3363215 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 $Z_{1}p$ Country Zip Country This corporation has liability for intengible tax under s. 199.032 ☐ No Florida Statutes Yes 30 24 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name KANG, JAMES 1508 NORTH NEBRASKA AVE. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ Change DELETE TITLE PD 1.1 TITLE KANG, JAMES NAME 1.2 NAME 1508 N NEBRASKA AVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THEF 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-7:P DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZiP 6.4 CITY - ST - ZIP

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 of truestee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

lent with an address.

SIGNING OFFICER OR DIRECTOR