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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031139

OLD GOLD DISCOUNT, INC.

Mailing Address Principal Place of Business 1508 NORTH NEBRASKA AVE. 1508 NORTH NEBRASKA AVE.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90052 023 ***150.00



TAMPA FL 33602 TAMPA FL 33602 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/01/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3363215 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75_Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intanguale Zip Country Zip □ No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KANG dress (P.O. Box Number is Not Acceptable) KANG, JAMES 82 Street Ad 1508 NORTH NEBRASKA AVE. TAMPA FL 33602 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 40 -> YPO DELETE 11 THE TITLE JUNG I. 1.2 NAME KANG, JAMES KANG, NAME 8639 N. Himes Ave. #3805 1.3 STREET ADDRESS 1508 N NEBRASKA AVE STREET ADDRESS 1.4 CITY-ST-ZIP FL 33614 TAMPA FL CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE ±PP→PD、 KANG, JUNG I 2.2 NAME KANEY, JAMES NAME 1508 N. Nebraska 8639 N HIMES AVENUE 3805 2 3 STREET ADDRESS STREET ADDRESS -TAMPA-FL-33614-2:4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5 1 11T) F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE 61 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

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