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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 030 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003014**

1. Corporation Name
CCS CONSOLIDATED, INC.



Principal Place of Business: 210 N. UNIVERSITY DR., STE. 700 CORAL SPRINGS FL 33071
 Mailing Address: 210 N. UNIVERSITY DR., STE. 700 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1998**

4. FEI Number: **05-0824378**

5. Certificate of Status Desired: Applied For, Not Applicable. Fee: **\$8.75** Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution: . Fee: **\$5.00** May Be Added to Fees.

8. This corporation owes the current year Intangible Personal Property Tax: Yes, No.

2. Principal Place of Business (21) and 2a. Mailing Address (26) fields with sub-fields for Suite, Apt. #, etc. (22, 27), City & State (23, 28), Zip (24, 29), and Country (25, 30).

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
 801 NE 167 ST., STE. 300
 NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code. City: **FL**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WAXMAN, ALBERT	
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 700	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	DOLLARD, VIRGINIA M	
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 700	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JORDAN S	
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 700	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BACHMAN, NANCY	
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 700	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	D Lubin, Daniel C.	
1.3 STREET ADDRESS	1 Rockefeller Plaza - Ste 920	
1.4 CITY-ST-ZIP	New York, New York 10020	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Strauss, Daniel E.	
2.3 STREET ADDRESS	411 Hackensack Ave. - 7th Fl	
2.4 CITY-ST-ZIP	Hackensack, NJ 07601	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gutchenwsky, Judith	
3.3 STREET ADDRESS	210 N. University Dr #700	
3.4 CITY-ST-ZIP	Coral Springs, FL 33071	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dollard, Virginia M	
4.3 STREET ADDRESS	210 N University Dr #700	
4.4 CITY-ST-ZIP	Coral Springs, FL 33071	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WAXMAN, Albert	
5.3 STREET ADDRESS	152 West 5th St - 33rd Floor	
5.4 CITY-ST-ZIP	New York, NY 10019	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Davis, Jordan S	
6.3 STREET ADDRESS	1 Rockefeller Plaza - Ste 920	
6.4 CITY-ST-ZIP	New York, NY 10020	

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: *[Signature]* DATE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/198)