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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000093151 (5)**

1. Corporation Name
CCS AUTO TITLE LOANS, INC.



Principal Place of Business 5200 N.W. 33RD AVENUE SUITE 203 FT. LAUDERDALE FL 33309	Mailing Address 5200 N.W. 33RD AVENUE SUITE 203 FT. LAUDERDALE FL 33309-6396
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3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1400 E. Touhy Avenue 27 Suite, Apt. #, etc. 28 Suite 100 29 City & State 30 Des Plaines IL 31 Zip 32 60018 33 Country	4. FEI Number 65-0629299	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAUSER, PAUL
5200 N.W. 33RD AVENUE
SUITE 203
FT. LAUDERDALE FL 33309**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary-Treasurer/Director
NAME	HERSHMAN, BARRY E	1.2 NAME	
STREET ADDRESS	1400 E. TOUHY AVE., SUITE 100	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL 60018	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	President/Director
NAME	HAUSER, PAUL	2.2 NAME	
STREET ADDRESS	5200 N.W. 33RD AVENUE - SUITE 203	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	Director
NAME	EAGER, ALLEN	3.2 NAME	
STREET ADDRESS	1400 E. TOUHY AVE., SUITE 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES IL 60018	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Vice-President
NAME		4.2 NAME	Marshall Davis
STREET ADDRESS		4.3 STREET ADDRESS	5200 N.W. 33rd Avenue
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Ft. Lauderdale FL 33309
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC-TREAS

Barry E. Hershman

Date

847-299-3100

Daytime Phone

0285787

CR2E034 (9/96)