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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000093151

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

1400 E TOUHY AVE
STE 100
DES PLAINES IL 60018
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

65-0629299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 Suite, Apt. #, etc.
22 Suite 109

23 City & State

24 Zip Country
25

2a. Mailing Address

26 Suite, Apt. #, etc.
27

28 City & State

29 Zip Country
30

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 Suite 109

84 City

FL

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

TITLE STD
NAME HERSHMAN, BARRY E
STREET ADDRESS 1400 E. TOUHY AVE., SUITE 100
CITY-ST-ZIP DES PLAINES IL ☐ DELETE

TITLE PD
NAME HAUSER, PAUL
STREET ADDRESS 5200 N.W. 33RD AVENUE - SUITE 203
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE D
NAME EAGER, ALLEN
STREET ADDRESS 1400 E. TOUHY AVE., SUITE 100
CITY-ST-ZIP DES PLAINES IL ☐ DELETE

TITLE VP
NAME DAVIS, MARSHALL
STREET ADDRESS 5200 NW 33 AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5200 NW 33rd Avenue - Suite 109
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 REQUIRED
Barry E Hershman

Date

Daytime Phone #

847-759-4555

CR2E034 (11/98)