

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90112 003 \*\*\*150.00

**DOCUMENT # P97000009859**

1. Corporation Name

**CCS AUTO BROKERS INC.**

Principal Place of Business

**1301 N DIXIE HWY  
FORT LAUDERDALE BEACH FL 33084**

Mailing Address

**1400 E TOUHY AVE  
SUITE 100  
DES PLAINES IL 60018  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1997**

4. FEI Number

**APPLIED FOR**

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.  
Suite 109**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

23 City & State

27 City & State

24 Zip Country

**25**

29 Zip Country

**30**

9. Name and Address of Current Registered Agent

**HAUSER, RANDY  
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 **PD** ☐ DELETE

NAME **HAUSER, RANDY**  
STREET ADDRESS **5200 NW 33RD AVE STE 203**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **STD** ☐ DELETE

NAME **HERSHMAN, BARRY**  
STREET ADDRESS **1400 E TOUHY AVE STE 100**  
CITY-ST-ZIP **DES PLAINES IL 60018**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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 **5200 NW 33rd Avenue, Suite 109**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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: **Barry B Hershman**

**4/20/99**

**847-759-4555**

CR2E034 (1/98)