

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 012 ***150.00

DOCUMENT # **L81291**

1. Corporation Name
BVCC, INC.

Principal Place of Business
**1515 BUENA VISTA DR
LK BUENA VISTA FL 32830-1000
US**

Mailing Address
**500 SOUTH BUEN VISTA STREET
BURBANK CA 91521-0586
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **500 SOUTH BUENA VISTA STREET**

Suite, Apt. #, etc.

27 City & State

28 **BURBANK, CA**

Zip

Country

29 **91521-0586**

30

US

3. Date Incorporated or Qualified

06/14/1990

4. FEI Number

59-3019693

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

9. Name and Address of Current Registered Agent

**FRANK S. IOPPOLO
1375 BUENA VISTA DR
LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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	<input type="checkbox"/> DELETE
NAME	GREEN, JUDSON C	
STREET ADDRESS	500 S BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M	
STREET ADDRESS	500 S BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARPENTER, FARRIS E.	
STREET ADDRESS	1375 BUENA VISTA DR.	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IOPPOLO, FRANK S.	
STREET ADDRESS	1375 BUENA VISTA DR	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARSHA L REED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 **(818) 560-1000**
Date Daytime Phone #

CR2E034 (11/98)

0554247