

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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000025198 (9)**

1. Corporation Name
BBTCLA, INC.

Principal Place of Business
**5301 BLUE LAGOON DRIVE
STE 600
MIAMI FL 33126
US**

Mailing Address
**150 W BRAMBLETON AVE
NORFOLK VA 23510**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 150 W. Brambleton Ave Suite, Apt. #, etc. 22 City & State 23 Norfolk, VA Zip 24 23510 Country 25		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 03/29/1995	
		4. FEI Number 54-1754617		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JESSICA	1.2 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE, STE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, ALFRED JR.	2.2 NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, LOIS F	3.2 NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, JOHN O	4.2 NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN	5.2 NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Susan D. Smith** **Assistant Secretary** **3/24/98** **757 446-2013**

CR2E034 (10/97)