## 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

## DOCUMENT # P95000025198

1. Corporation Name

BBTCLA, INC.

Principal Pl	ace of	Business
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Mailing Address

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90021 017 \*\*\*150.00



150 W BRAMBLETON AVE NORFOLK VA 23510 NORFOLK VA 23510 US			·	,			
			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 03/29/1995		
2 Principal Pl	ace of Business	2a. Mailing Address	-	<del></del>	4. FEI Number	Applied For	
		26			54-1754617	Not Applicable	
Suite, Apt. 1	# etc	Suite, Apt. #, etc.		**		\$8.75 Additional	
22	, o.o.	27			5. Certificate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year in		
24	25	29 30			Personal Property Tax.	Yes <b>X</b> /No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	t/Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
	TATION FL 33324		83		・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	SECTION SECTION	
יורם ו	TATION I E 000E4		100		· 表示人 (表示) 多数量数数量	1月16日 11日 11日 11日 11日	
			84	City	F1	85 Zip Code	
44 Duraught	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above	e-named con	rporation submits this statement for the purpose of	of changing its registered	
office or re	ariotored agent or both in the State o	f Florida. Such channe was auth	ionzed by	the corporat	tion's board of directors. I hereby accept the appoint	pintment as registered	
🌆 agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	TD ·	☐ DELETE	1.1 TITLE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ Change ☐ Addition	
NAME	RITTER, ALFRED JR.		1.2 NAME				
STREET ADDRESS	150 W BRAMBLETON AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NORFOLK VA		1,4 CITY-S	T-ZIP	•		
TITLE ,	DS DS	☐ DELETE	2.1 TITLE	-		☐ Change ☐ Addition	
NAME	RYAN, LOIS F		2.2 NAME	1			
	150 W BRAMBLETON AVE			TADDRESS			
STREET ADORESS			2.4 CITY-5			• • •	
CITY-ST-ZIP	NORFOLK VA	□ DELETE	3.1 TITLE	51-ZIP		Change Addition	
TITLE	PD NOWING TOUR O	, Beccie	3.2 NAME		•	_ , _	
NAME	WYNNE, JOHN O		3.2 NAME:	TADDDECC		1	
STREET ADDRESS	150 W BRAMBLETON AVE				2000年,1900年的基本的	超数据试图 医腹膜丛	
CITY-ST-ZIP	NORFOLK VA	. □ DELETE	3.4. CITY-5	51-ZIP		☐ Change ☐ Addition	
TITLE	AS CHITTI CHICAN			1	The second secon		
NAME	SMITH, SUSAN	•	4. 2 NAME			+	
STREET ADDRESS	150 W BRAMBLETON AVE	-		TADDRESS		, '	
CITY-ST-ZIP	NORFOLK VA	□ BELEFE	4.4 CITY-S	ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				T + DODDEOR			
STREET ADDRESS	2.5			TADDRESS		,	
CITY-ST-ZIP	,		5.4 CITY-S	ii-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change ☐ Audition	
NAME			6.2 NAME	1		** *	
STREET ADDRESS	, r.	•	6.3 STREE	TADDRESS	•		

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.

6.4 CITY-ST-ZIP