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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718170 (4)

1. Corporation Name
THE BATH CLUB, INC.



Principal Place of Business Mailing Address
5937 COLLINS AVE.(33140) 5937 COLLINS AVE.(33140)
PO BOX 41 4066 PO BOX 41 4066
MIAMI BEACH FL 33141-3075 MIAMI BEACH FL 33141-0066

3. Date Incorporated or Qualified 04/09/1970 3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5.	59-0156860	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
LYNCH, DAVID
5937 COLLINS AVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name RANDALL J HEFLIN
82 Street Address (P.O. Box Number is Not Acceptable) 5937 COLLINS AVENUE
83
84 City MIAMI BEACH FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Randall J Heflin* RANDALL J HEFLIN, GENERAL MANAGER FEB 26, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD NAME BISCHOFF, DOUGLAS K STREET ADDRESS 635 NE 105TH ST CITY-ST-ZIP MIAMI SHOPRES FL	<input checked="" type="checkbox"/> DELETE
TITLE VD NAME RODGERS, THOMAS E JR STREET ADDRESS 6641 BREVITY LANE CITY-ST-ZIP MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> DELETE
TITLE VD NAME ALHADEFF, E RICHARD STREET ADDRESS 150 W FLAGLER ST 2200 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE T NAME MCCOY, KENNETH W. STREET ADDRESS 8000 GOVERNORS SQUARE BLVD., #302 CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> DELETE
TITLE S NAME KELLEY, ALLAN R STREET ADDRESS 720 NE 101 ST CITY-ST-ZIP MIAMI SHORES FL 33138	<input type="checkbox"/> DELETE
TITLE VD NAME GALLAGHER, PHIL C STREET ADDRESS 3050 BISCAYNE BLVD, #412 CITY-ST-ZIP MIAMI FL 33137	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME JAMES R HELMAN 1.3 STREET ADDRESS 5201 LA GORCE DRIVE 1.4 CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VD & S 2.2 NAME ALLAN R KELLEY 2.3 STREET ADDRESS 720 NE 101ST STREET 2.4 CITY-ST-ZIP MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE T 3.2 NAME FRANK ACKERMAN 3.3 STREET ADDRESS 1350 NW 74 STREET 3.4 CITY-ST-ZIP MIAMI FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R Helman* JAMES R HELMAN PRESIDENT DATED 02/26/97 305-866-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029714

CR2E037 (9/96)