


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 5937 COLLINS AVE.(33140) PO BOX 41 4066 MIAMI BEACH FL 33141-3075 | Mailing Address 5937 COLLINS AVE.(33140) PO BOX 41 4066 MIAMI BEACH FL 33141-3075 |
|---|---|

3. Date Incorporated or Qualified
04/08/1927

| | |
|------------------------------------|--|
| 4. FEI Number 59-0156860 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|--|
| 2. Principal Place of Business 21 5937 COLLINS AVENUE Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH FL Zip 24 33140 Country 25 USA | 2a. Mailing Address 26 5937 COLLINS AVENUE Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL Zip 29 33140 Country 30 USA |
|---|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**RANDALL J HEFLIN
5937 COLLINS AVE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name JAMES R HELMAN |
| 82 Street Address (P.O. Box Number is Not Acceptable) 5937 COLLINS AVENUE |
| 83 MIAMI BEACH FL 33140 |
| 84 City FL 85 Zip Code |

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 *[Signature]* **JAMES R HELMAN, PRESIDENT** DATE **3/24/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | | |
|--|----------------------------------|---|---|
| TITLE PD <input type="checkbox"/> DELETE | NAME JAMES R HELMAN | STREET ADDRESS 5201 LA GORCE DR | CITY-ST-ZIP MIAMI BCH FL |
| TITLE VDS <input checked="" type="checkbox"/> DELETE | NAME ALLAN R KELLEY | STREET ADDRESS 720 NE 101ST ST | CITY-ST-ZIP MIAMI SHORES FL |
| TITLE T <input checked="" type="checkbox"/> DELETE | NAME FRANK ACKERMAN | STREET ADDRESS 1350 NW 74TH ST | CITY-ST-ZIP MIAMI FL |
| TITLE S <input checked="" type="checkbox"/> DELETE | NAME KELLEY, ALLAN R | STREET ADDRESS 720 NE 101 ST | CITY-ST-ZIP MIAMI SHORES FL 33138 |
| TITLE VD <input type="checkbox"/> DELETE | NAME GALLAGHER, PHIL C | STREET ADDRESS 3050 BISCAYNE BLVD, #412 | CITY-ST-ZIP MIAMI FL 33137 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---|---|--|--|
| 1.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME E RICHARD ALHADEFF | STREET ADDRESS 150 W FLAGLER STREET #220 | CITY-ST-ZIP MIAMI FL 33130 |
| 2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME CAROLYN GILLELAND-MENDEZ | STREET ADDRESS 5661 PINE TREE DRIVE | CITY-ST-ZIP MIAMI BEACH FL 33140 |

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

SIGNATURE: *[Signature]* **JAMES R HELMAN** **President** DATE **3/24/98** 305-866-1621

CR2E037 (10/97)