SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # 718170 (4)

1. Corporation Name
THE BATH CLUB, INC.

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

3. Date Incorporated or Qualified: 04/09/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0156860 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAWRENCE, JAMES E.
5937 COLLINS AVE.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: Kathryn D. Gould
82 Street Address (P.O. Box Number is Not Acceptable): 5937 Collins Ave
83
84 City: Miami Beach, Fl 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: Kathryn D. Gould Controller 7/17/95
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	THOMPSON, JANE SCHUH	12 NAME	BISCHOFF, DOUGLAS K.
STREET ADDRESS	71 LA GORCE CIRCLE	13 STREET ADDRESS	635 N.E. 105th Street
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami Shores, Fl 33138
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	RODGERS, THOMAS E. J	22 NAME	MOYNAHAN, JAY
STREET ADDRESS	600 N.E. 36TH ST., PH-9	23 STREET ADDRESS	5671 SW 98 Terr.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33155
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	BISCHOFF, DOUGLAS K.	32 NAME	ALHADEFF, E. Richard
STREET ADDRESS	636 NE 36TH STREET	33 STREET ADDRESS	150 West Flagler St. #2200
CITY-ST-ZIP	MIAMI SHORES FL	34 CITY-ST-ZIP	Miami, Fl 33130
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MCCOY, KENNETH W.	42 NAME	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #302	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	MOYNAHAN, JOHN H. J	52 NAME	KEEN, JANE
STREET ADDRESS	2574 S.W. 27TH LANE	53 STREET ADDRESS	1627 Brickell Ave. #1707
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, Fl 33129
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stanley C. Beard 6/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Board Member
Daytime Phone Number

CR2E037 (3/95)