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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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)  
PO BOX 41 4066  
MIAMI BEACH FL 33141-30755937 COLLINS AVE.(33140)  
PO BOX 41 4066  
MIAMI BEACH FL 33141-00663. Date Incorporated or Qualified  
04/09/19703a. Date of Last Report  
05/01/1996

4. FEI Number

59-0156860

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, DAVID  
5937 COLLINS AVE  
MIAMI BEACH FL 33140

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, GENERAL MANAGER

FEB 26, 1997

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BISCHOFF, DOUGLAS K	
STREET ADDRESS	635 NE 105TH ST	
CITY-ST-ZIP	MIAMI SHOPRES FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES R HELMAN	
1.3 STREET ADDRESS	5201 LA GORCE DRIVE	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, THOMAS E JR	
STREET ADDRESS	6641 BREVITY LANE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

2.1 TITLE	VD & S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLAN R KELLEY	
2.3 STREET ADDRESS	720 NE 101ST STREET	
2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALHADEFF, E RICHARD	
STREET ADDRESS	150 W FLAGLER ST 2200	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK ACKERMAN	
3.3 STREET ADDRESS	1350 NW 74 STREET	
3.4 CITY-ST-ZIP	MIAMI FL 33147	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, KENNETH W.	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #302	
CITY-ST-ZIP	MIAMI LAKES FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLEY, ALLAN R	
STREET ADDRESS	720 NE 101 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, PHIL C	
STREET ADDRESS	3050 BISCAYNE BLVD, #412	
CITY-ST-ZIP	MIAMI FL 33137	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 PRESIDENT

02/26/97

305-866-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029714

CR2E037 (9/96)