| FI | LE | NOV | /: FII | _ING | FEE | IS | \$61 | .25 |
|----|----|-----|--------|------|-----|----|------|-----|
|----|----|-----|--------|------|-----|----|------|-----|

NONPROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(4)

FILED

Mar 30 1998 8:00am

Secretary of State

| THE B | ATH CLUB, INC. | | | | | | |
|---|---|---|------------------------------------|--|----------------------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | (IDDALIS SORRE SEGOI PARAN PEDIN NORM OBIL DIDI) O | .011 DIGH DIDIN BIDIN BIBIH 1061 | | |
| 5937 COLLINS PO BOX 41 40 MIAMI BEACH | 66 | 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 Not Applicable | | |
| | Place of Business COLLINS AVENUE | 2a. Mailing Address | AVENUE | 5. Certificate of Status Desired | \$8.75 Additional | | |
| 21 5937 Suite, Apt. | | 26 5937 COLLINS AVENUE Suite, Apt. #, etc. | | | Fee Required | | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| City & Stat | BEACH FL | City & State 28 MIAMI BEACH | FL | 7. Is this nonprofit corporation a homeowners association? | | | |
| Zip | Country | [Zip] | Country | 8. This corporation owes or has paid the cu | | | |
| 24 3314 | E0 - | 29 33140 30 |] USA | | X Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered | Agent | | |
| | | | 81 Name | JAMES R HELMAN | | | |
| | L J HEFLIN | | 82 Street A | Address (P.O. Box Number is Not Acceptable) | | | |
| | OLLINS AVE | | 63 | 5937 COLLINS AVENUE | | | |
| MIAMI B | EACH FL 33140 | | 63 | 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 o | orporation submits this statement for the purpose of | n changing its registered | | |
| office or r | egistered ages for both, in the State t | of Figitida, Such change was authors, of Section 617 0503, Florid | norized by the corpo | orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap | pointment as registered | | |
| SIGNATURE | mille | JAMES R HE | LMAN, PRES | TOFNT 3/24/7 | | | |
| | Signature, pred or printed name of registered agent | and little if applicable (NOTE: Re | egistered Agent signature re | equired when reinstating) DATE | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | | | |
| TITLE | PD DUCLAMAN | DELETE | 1.1 TITLE | VD | ☐ Change ☐ Addition | | |
| NAME STREET ADDRESS | JAMES R HELMAN 5201 LA GORCE DR | | 1.2 NAME | E RICHARD ALHADEFF | | | |
| CITY-ST-ZIP | MIAMI BCH FL | | 1.3 STREET ADDRESS | 150 W FLAGLER STREET #220 | ļ | | |
| TITLE | VDS | DX DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | MIAMI FL 33130 VD | Change Addition | | |
| NAME | ALLAN R KELLEY | | 2.2 NAME | CAROLYN GILLELAND-MENDEZ | X | | |
| STREET ADDRESS | 720 NE 101ST ST | | 2.3 STREET ADDRESS | 5661 PINE TREE DRIVE | | | |
| CITY-ST-ZIP | MIAMI SHORES FL | | 2.4 CITY+ST-ZIP | MIAMI_BEACHFL33140 | | | |
| TITLE | T | ■ DELETE | 3.1 TITLE | - 4 | Change Addition | | |
| NAME | FRANK ACKERMAN | | 3.2 NAME | • | | | |
| STREET ADDRESS | 1350 NW 74TH ST | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | TX DELETE | 3.4. CITY-ST-ZIP | | | | |
| TITLE NAME | S Kelley, Allan R | (TA) DETRIE | 4.1 TITLE | | ☐ Change ☐ Addition | | |
| STREET ADDRESS | 720 NF 101 ST | | 4. 2 NAME | | | | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | Change Addition | | |
| NAME | GALLAGHER, PHIL C | _ _ | 5.2 NAME | | | | |
| STREET ADDRESS | 3050 BISCAYNE BLVD, #412 | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33137 | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 21.12 | 6.4 CITY - ST - ZIP | | | | |
| - inereby c | ertily that the information supplied with | i triis tiling does not quality for th | ie exemption stated | in Section 119.07(3)(i), Florida Statutes. I further co | artity 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 or an exchment with an address.

GNATURE:

JAMES R HELMAN

305-866-1621

SIGNATURE: