

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P92000012720 (8)
 1. Corporation Name
PGA TOUR HOLDINGS, INC.



Principal Place of Business 112 TPC BOULEVARD PONTE VEDRA FL 32082	Mailing Address 112 TPC BOULEVARD PONTE VEDRA FL 32082
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 112 PGA TOUR Blvd. Suite, Apt. #, etc		2a. Mailing Address 26 112 PGA TOUR Blvd. Suite, Apt. #, etc		3. Date Incorporated or Qualified 12/17/1992	
22 City & State		27 City & State		4. FEI Number 59-3159885	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRIOLA, JAMES C 112 TPC BOULEVARD PONTE VEDRA FL				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 112 PGA TOUR Boulevard	
83				84 City FL	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, RICHARD J	1.2 NAME	
STREET ADDRESS	1436 RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	60062
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VERNON A JR	2.2 NAME	
STREET ADDRESS	112 TPC BOULEVARD	2.3 STREET ADDRESS	112 PGA TOUR Boulevard
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	32082
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY W	3.2 NAME	
STREET ADDRESS	112 TPC BOULEVARD	3.3 STREET ADDRESS	112 PGA TOUR Boulevard
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	32082
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINK, CHARLES L	4.2 NAME	
STREET ADDRESS	112 TPC BOULEVARD	4.3 STREET ADDRESS	112 PGA TOUR Boulevard
CITY-ST-ZIP	PONTE VEDRA FL	4.4 CITY-ST-ZIP	32082
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD L	5.2 NAME	
STREET ADDRESS	8009 WHISPER LAKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	5.4 CITY-ST-ZIP	32082
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIOLA, JAMES C	6.2 NAME	
STREET ADDRESS	112 TPC BOULEVARD	6.3 STREET ADDRESS	112 PGA TOUR Boulevard
CITY-ST-ZIP	PONTE VEDRA FL	6.4 CITY-ST-ZIP	32082

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James C. Triola** *James C. Triola* Date: **4/9/98** 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

PGA TOUR HOLDINGS, INC.

Item 12. Officers and Directors (continued)

Title	V/T
Name	Winsor, Steven A.
Address	112 PGA TOUR Boulevard
City-St-Zip	Ponte Vedra Beach, FL 32082