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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P92000012720**

1. Corporation Name
PGA TOUR HOLDINGS, INC.



Principal Place of Business 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US	Mailing Address 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1992	
4. FEI Number 59-3159885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 PGA TOUR BOULEVARD
PONTE VEDRA FL

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FERRIS, RICHARD J	
STREET ADDRESS	1436 RIDGE ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, VERNON A JR	
STREET ADDRESS	112 PGA TOUR BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FINCHEM, TIMOTHY W	
STREET ADDRESS	112 PGA TOUR BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZINK, CHARLES L	
STREET ADDRESS	112 PGA TOUR BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MOORHOUSE, EDWARD L	
STREET ADDRESS	8009 WHISPER LAKE LANE	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRIOLA, JAMES C	
STREET ADDRESS	112 PGA TOUR BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA FL 32082	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	112 PGA TOUR Boulevard
5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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 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, with all other like empowered.

SIGNATURE: *James C. Triola* **James C. Triola** 4/14/99 904/285-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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PGA TOUR HOLDINGS, INC.

Item 12. Officers and Directors (continued)

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