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FILED  
Jan 28 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **V32990** (6)  
1. Corporation Name  
**PGA TOURNAMENT CORPORATION, INC.**



Principal Place of Business: **100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418**  
Mailing Address: **100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **05/01/1992**  
3a. Date of Last Report: **03/22/1996**  
4. FEI Number: **65-0394725**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**GARRITY, CHRISTINE M.  
100 AVENUE OF THE CHAMPIONS  
PALM BEACH GARDENS FL 33418**

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	DP	<input type="checkbox"/> DELETE
NAME	AWTREY, JIM L.	
STREET ADDRESS	100 AVE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADDIS, THOMAS	
STREET ADDRESS	3007 DEHESA RD.	
CITY-ST-ZIP	EL CAJON CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOGIN, PAUL	
STREET ADDRESS	100 AVE. OF THE CHAMPION	
CITY-ST-ZIP	PALM BCH GRDNS FL 33418	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POTTINGER, KIRK	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLSHOUSER, JESSE	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARRITY, CHRISTINE M	
STREET ADDRESS	100 AVENUE OF THE CHAMPOINS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANN, WILL	
1.3 STREET ADDRESS	100 Avenue of the Champions	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDSAY, KEV	
2.3 STREET ADDRESS	100 Avenue of the champions	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine M. Garrity* **Christine M. Garrity** **1/20/97** **(561) 624-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)