

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **580405** (9)

1. Corporation Name

TOURNAMENT GOLFERS ASSOCIATION, INC.



Principal Place of Business: **441 S.W. 83RD AVENUE PO BOX 6332 (MARGATE, FL 33066) 33093 NO. LAUDERDALE FL 33068**
Mailing Address: **441 S.W. 83RD AVENUE PO BOX 6332 (MARGATE, FL 33066) 33093 NO. LAUDERDALE FL 33068**

3. Date incorporated or Qualified: **07/27/1978**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-1840175**
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

9. Name and Address of Current Registered Agent
**FRANIUK, THOMAS B
441 S W 83RD AVENUE
NO LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent (81-84) and Zip Code (85): **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	FEELEY, AMELIA	
STREET ADDRESS	390 SW 56TH AVE	
CITY - ST - ZIP	PLANTATION, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIGGIANI, JOHN A	
STREET ADDRESS	101 E ALTAMONTE DR #1031	
CITY - ST - ZIP	ALTAMONTE SPRGS, FL00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WESSNER, MICHAEL C	
STREET ADDRESS	2806 NW 63RD AVE	
CITY - ST - ZIP	MARGATE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANIUK, THOMAS B	
STREET ADDRESS	441 SW 83RD AVE	
CITY - ST - ZIP	N LAUDERDALE, FL 00000 33068-1021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Thomas B. Franiuk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96 (954) 721-4079
Date Contact Phone #

CR2E034 (12/95)