

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

FILED
Apr 20 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 # 620997 (7)
1. Corporation Name
PGA NATIONAL REALTY COMPANY

Principal Place of Business
1555 PALM BCH. LAKES BLVD., STE. 1100
P.O. BOX 3267
WEST PALM BEACH FL 33402

Mailing Address
1555 PALM BCH. LAKES BLVD., STE. 1100
P.O. BOX 3267
WEST PALM BEACH FL 33402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1979	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-1916561	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent ECCLESTONE, E.L. JR 1555 PALM BCH. LAKES BLVD., STE. 1100 WEST PALM BEACH 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	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECCLESTONE, E L JR			1.2 NAME			
STREET ADDRESS	1555 PALM BCH. LKS. BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BEACH, FL 00000			1.4 CITY - ST - ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	EV/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, RON			2.2 NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BEACH, FL 00000			2.4 CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECCLESTONE, E LLWYD III			3.2 NAME			
STREET ADDRESS	1555 PALM BEACH LAKES BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	W. PALM BEACH FL			3.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDOLPH, BEGGIE E			4.2 NAME	William D. Yahn		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD			4.3 STREET ADDRESS			
CITY - ST - ZIP	W. PALM BEACH FL			4.4 CITY - ST - ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVENECKER, HELENA			5.2 NAME	Arlene Evans		
STREET ADDRESS	1555 PALM BCH LAKES BLVD STE 1100			5.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BCH FL			5.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLOUGH MELINE, JANE			6.2 NAME			
STREET ADDRESS	1555 PALM EBACH LAKES BLVD STE 1100			6.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL			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)(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: Ron Cooper

3/20/98

561/686-2000

CR2E034 (10/97)