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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 644428 (5)**

1. Corporation Name  
**PGA NATIONAL SALES COMPANY**

Principal Place of Business <b>1555 PALM BCH LKS BLVD #1100 P O BOX 3267 W PALM BCH FL 33402</b>	Mailing Address <b>1555 PALM BCH LKS BLVD #1100 P O BOX 3267 W PALM BCH FL 33402</b>
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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	Country 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/31/1979</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-2002573</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ECCLESTONE, JR., E. L.  
1555 PALM BCH LKS BLVD #1100  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECCLESTONE JR., E.L.</b>	1.2 NAME	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH, FL 0</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECCLESTONE, E. L. III</b>	2.2 NAME	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEYENDECKER, HELENA</b>	3.2 NAME	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH, FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DVT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, RON</b>	4.2 NAME	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W. PALM BCH, FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, MAE</b>	5.2 NAME	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SCHUETZ, JAMES</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1555 Palm Beach Lakes Blvd</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>West Palm Beach FL 33401</b>

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 110.07(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: Ron Cooper** *Ron Cooper* **4/5/95** **407/686-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR