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**Apr 23 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 # 644428 (5)**

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



Principal Place of Business: **1555 PALM BCH LKS BLVD #1100  
P O BOX 3267  
W PALM BCH FL 33402**

Mailing Address: **1555 PALM BCH LKS BLVD #1100  
P O BOX 3267  
W PALM BCH FL 33402-3267**

3. Date Incorporated or Qualified: **10/31/1979**

3a. Date of Last Report: **04/16/1996**

4. FEI Number: **59-2002573**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ECCLESTONE JR., E.L.	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY - ST - ZIP	W PALM BCH, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ECCLESTONE, E, L, III	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEYENDECKER, HELENA	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY - ST - ZIP	W. PALM BCH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	COOPER, RON	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RANDOLPH, MAE	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAMES SCHUETZ	
STREET ADDRESS	1555 PALM BCH LAKES BLVD STE 1100	
CITY - ST - ZIP	W. PALM BCH FL	

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 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** *Ron Cooper* **4/15/97 (561) 686-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)