

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 # 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1979	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number 59-2002573	Applied For Not Applicable
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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
				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 _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

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 JR., E.L.	1.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PLAM BCH, FL 0	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, E. L. III	2.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENEOKER, HELENA	3.2 NAME	S Arlene Evans
STREET ADDRESS	1555 PALM BCH LKS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RON	4.2 NAME	EV/T/D
STREET ADDRESS	1555 PALM BCH LKS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, MAE	5.2 NAME	William D. Yahn
STREET ADDRESS	1555 PALM BCH LKS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH 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	JAMES SCHUETZ	6.2 NAME	
STREET ADDRESS	1555 PALM BCH LAKES BLVD STE 1100	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH 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 *Ron Cooper* 3/20/98 561/686-2000

CR2E034 (10/97)