

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

FILED
May 16 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 # F76352
1. Corporation Name
PGA/PGA TOUR PROPERTIES, INC.

(6)



Principal Place of Business
* DEANE R. BEMAN
112 TPC BLVD.
PONTE VEDRA BCH. FL 32082

Mailing Address
* DEANE R. BEMAN -
112 TPC BLVD.
PONTE VEDRA BCH. FL 32082-3046

3. Date Incorporated or Qualified 04/15/1982	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2187951	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 delete Deane R. Beman Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 delete Deane R. Beman Suite, Apt. #, etc. 27 City & State 28 Zip 29	30
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9. Name and Address of Current Registered Agent MOORHOUSE, EDWARD L. 112 TPC BOULEVARD PONTE VEDRA BCH. FL 32082		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY	1.2 NAME	
STREET ADDRESS	12812 MARSH CREEK DR	1.3 STREET ADDRESS	7160 Marsh Hawk Court
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	32082
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINK, CHARLES L	2.2 NAME	
STREET ADDRESS	20 POINCIANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	32082
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD L	3.2 NAME	
STREET ADDRESS	8009 WHISPER LAKE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	32082
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIOLA, JAMES	4.2 NAME	
STREET ADDRESS	1165 SALT MARSH CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	32082
TITLE	S-	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, RICK -	5.2 NAME	
STREET ADDRESS	2014 222 AVENUE ---	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA ----	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JAMES C. TRIOLA *James C. Triola* 04/25/97 904/285-3700

CR2E034 (9/96)