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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(9)

PGA REALTY & FINANCIAL CORPORATION

FILED May 12 1998 8:00am Secretary of State



Pr	Principal Place of Business Mailing Address										{ 1:001/04 (150)0/8) (4/1) 9/904 (1)/1 (40) (5/0)(9/8)(4/9)(0/8)(0/8)(0/8)(0/8)
1	400 CENTRE	E PARK BLVD)		14	00 CENTRE PARK BI	.VD				
	810				810						DO MOT IMPITE IN THIS SPACE
W PALM BCH FL 33401 US				W PALM BCH FL 33401 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
-					••						09/07/1982
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For
21					26						59-2217001 Not Applicable
	Suite, Apt.	#, etc.				Suite, Apt. #, etc.			•		5. Certificate of Status Desired \$8.75 Additional
22			Business Country 25 Lame and Address of Current Reservations of Sections 607,0502 and address of Sections 607,0502 and 60 part of		27						Fee Required
	City & State				City & State						6. Election Campaign Financing \$5.00 May Be
23	Zip	Country			Zip Coul			untry	ıtrv		Trust Fund Contribution
24	- .p		<u> </u>	· · · · · · · · · · · · · · · · · · ·	29	₁ ,	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		9, Name				red Agent	1301	T			10. Name and Address of New Registered Agent
NORRIS, ROBERT D							81	81 Name			
1400 CENTRE PARK BLVD									Stroot	Addres	ess (P.O. Box Number is Not Acceptable)
810								62	30000	Addition	ess (i.e. box Number is Not Acceptable)
W PALM BCH FL 33401							B3				
								84	City		85 Zip Code
L											
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida Such change was authorized to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute 								ad by	/ the corp	corpoi	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE											
Signature, typod or printed name of migrateric agent and title if applicable (NOTE Regis							TE Register	ed Age	ent signature	required	ed when reinstating) DATE
12		- UK	OF	FICERS AND D	(REC)		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		NODDIG	DODEOT	D.		□ DELETE		ITLE			L Change Addition
1400 CENTRE DARW BLVD 640				1.2 N							
	HEET ADDRESS			IN DEVE OIL					ADDRESS		
TITE	Y-ST-ZIP	PD	N DOILLE			☐ DELETE	2.1 1	HTY-S	T - ZIP	·	☐ Change ☐ Addition
	1		. LINDA K			C Otten		AME			_ Shange _ Adminst
							2.3 STREET ADDRESS				
1	Y-ST-ZIP	W PALA	A BCH FL						ST-ZIP		
TIT						☐ DELETE	3.1				Change Addition
NA	VE						3.21	AME			
STF	EET ADDRESS						3.3 9	TREET	ADDRESS		
CIT	Y-ST-ZIP						3.4.	CITY - S	ST-ZIP		
TITE	LE					☐ DELETE	4.13	ITLE			Change Addition
NA!	VIE						4.2	NAME			
STA	EET ADORESS						4.3 9	TREET	ADDRESS		
CIT	Y-ST-ZIP						4.4 (ITY-S	T-ZIP		
TITL						DELETE	5.11				☐ Change ☐ Addition
NA	i							AME			•
	EET ADDRESS								ADDRESS		
	Y-ST-ZIP					☐ DELETE		ITY-S	T-ZIP		Channe
TITL	I					☐ Dereit	6.11				Change Addition
NAN	EET ADORESS							IAME TREET	ADORESS		
CITY-ST-ZIP											
UIT	1-01-71L						0.4 (ITY-S	1- £IF	L	

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 of supplimental 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 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 interpret with an address.

SIGNATURE: