FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G91488** **(8)**

1. Corporation Name
KAAL PGA SALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BLVD. STE.1100 PO BOX 3267 WEST PALM BEACH FL 33402-3267	1555 PALM BEACH LAKES BLVD. STE.1100 PO BOX 3267 WEST PALM BEACH FL 33402-3267

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/27/1994

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 — 25
Zip — 29
Country — 30

4. FEI Number: 36-3288347 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, WALTER L.	1.2 NAME	
STREET ADDRESS	1 KEMPER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	STEIRER, D. M.	2.2 NAME	
STREET ADDRESS	1 KEMPER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, J. E.	3.2 NAME	
STREET ADDRESS	120 S LA SALLE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ZARADA, NANCY	4.2 NAME	
STREET ADDRESS	1 KEMPER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	STACY, ROBERT B.	5.2 NAME	
STREET ADDRESS	1 KEMPER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, F. C.	6.2 NAME	
STREET ADDRESS	1 KEMPER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	6.4 CITY-ST-ZIP	

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 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: R.B. Stacy, Treasurer 4/19/95 (708) 320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q91488 CP