

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G91488 (8)

1. Corporation Name

KAAL PGA SALES, INC.

Principal Place of Business

**1500 Palm Beach Lakes Blvd.
Suite 1100
PO Box 3267
West Pal Beach, FL 33402-3267**

Mailing Address

**1500 Palm Beach Lakes Blvd.
Suite 1100
PO Box 3267
West Palm Beach, FL 33402-3267**

3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

04/25/1995

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**

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

2a. Mailing Address

26

Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324**

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

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **White, Walter L.**
STREET ADDRESS **1 Kemper Drive**
CITY- ST- ZIP **Long Grove, IL**

TITLE **DV** ☐ DELETE
NAME **Steirer, D.M.**
STREET ADDRESS **1 Kemper Drive**
CITY- ST- ZIP **Long Grove, IL**

TITLE **V** ☐ DELETE
NAME **Neal, J.E.**
STREET ADDRESS **120 S. LaSalle St.**
CITY- ST- ZIP **Chicago, IL**

TITLE **S** ☐ DELETE
NAME **Conway, J.K.**
STREET ADDRESS **1 Kemper Drive**
CITY- ST- ZIP **Long Grove, IL**

TITLE **T** ☐ DELETE
NAME **Stacy, R.B.**
STREET ADDRESS **1 Kemper Drive**
CITY- ST- ZIP **Long Grove, IL**

TITLE **D** ☐ DELETE
NAME **McCullough, F.C.**
STREET ADDRESS **1 Kemper Drive**
CITY- ST- ZIP **Long Grove, IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

**200001793752
-04/25/96--01013--017
***200.00**

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)(k), 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:

[Signature]

R.B. Stacy, Treasurer

4/17/96

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SG 4-24-96

CR2E034 (12/95)