

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

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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G91488** (8)

1. Corporation Name  
**KAAL PGA SALES, INC.**

Principal Place of Business <b>1555 PALM BEACH LAKES BLVD. STE.1100 PO BOX 3267 WEST PALM BEACH FL 33402-3267</b>	Mailing Address <b>1555 PALM BEACH LAKES BLVD. STE.1100 PO BOX 3267 WEST PALM BEACH FL 33402-3267</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1984</b>	3a. Date of Last Report <b>04/24/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>36-3288347</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, WALTER L.			1.2 NAME	Curran, Robert M.		
STREET ADDRESS	1 KEMPER DR			1.3 STREET ADDRESS	1 Kemper Drive		
CITY-ST-ZIP	LONG GROVE IL			1.4 CITY-ST-ZIP	Long Grove, IL 60049-0001		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIRER, D. M.			2.2 NAME	Grauzas, Wayne A.		
STREET ADDRESS	1 KEMPER DR			2.3 STREET ADDRESS	1 Kemper Drive		
CITY-ST-ZIP	LONG GROVE IL			2.4 CITY-ST-ZIP	Long Grove, IL 60049-0001		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONWAY, J.K.			4.2 NAME	Boldt, Robert J.		
STREET ADDRESS	1 KEMPER DR			4.3 STREET ADDRESS	1 Kemper Drive		
CITY-ST-ZIP	LONG GROVE IL			4.4 CITY-ST-ZIP	Long Grove, IL 60049-0001		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE:  **Wayne A. Grauzas, Vice-President** 4/18/97 (847) 320-2000

CR2E034 (9/96)