

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H52742 (4)

1. Corporation Name
PGA TOUR FAMILY GOLF CENTERS, INC.

Principal Place of Business 112 TPC BLVD PONTE VEDRA BEACH FL 32082 US	Mailing Address 112 TPC BLVD PONTE VEDRA BEACH FL 32082 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 112 PGA TOUR Blvd. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 112 PGA TOUR Blvd. Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/17/1985		4. FEI Number 59-2551335		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 TPC BOULEVARD
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD L.	1.2 NAME	
STREET ADDRESS	8009 WHISPER LAKE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	1.4 CITY - ST - ZIP	32082
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VERNON A JR.	2.2 NAME	
STREET ADDRESS	1221 SOUTH FIRST ST, TH3	2.3 STREET ADDRESS	1221 South First St. TH 2
CITY - ST - ZIP	JACKSONVILLE BCH FL	2.4 CITY - ST - ZIP	32250
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIOLA, JAMES C	3.2 NAME	
STREET ADDRESS	1185 SALT MARSH CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	3.4 CITY - ST - ZIP	32082
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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

4/9/98

904/285-3700

CR2E034 (10/97)