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 # H61655 (7)

1. Corporation Name

PGA TOUR BROKERAGE SERVICES, INC.

Principal Place of Business	Mailing Address
112 TPC BLVD. PONTE VEDRA BEACH FL 32082	112 TPC BLVD. PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 06/10/1985
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2551333 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 TPC BLVD.
PONTE VEDRA FL 32082

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	[X] DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEMAN, DEANE R.		1.2 NAME	
STREET ADDRESS	117 CARRIAGE LAMP WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	[X] Change [X] Addition
NAME	KELLY, VERNON A., JR.		2.2 NAME	1221 South First Street, TH3
STREET ADDRESS	1221 SOUTH FIRST STREET, TH2		2.3 STREET ADDRESS	32250
CITY-ST-ZIP	JACKSONVILLE BCH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	[X] Change ☐ Addition
NAME	MOORHOUSE, EDWARD		3.2 NAME	
STREET ADDRESS	2403 PONTE VEDRA BOULEVARD		3.3 STREET ADDRESS	8009 Whisper Lake Lane
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change [X] Addition
NAME	ZINK, CHARLES L		4.2 NAME	
STREET ADDRESS	20 POINCIANA WAY		4.3 STREET ADDRESS	32082
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change [X] Addition
NAME	TRIOLA, JAMES C		5.2 NAME	
STREET ADDRESS	1165 SALT MARSH CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	32082
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change [X] Addition
NAME	WALSER, JOE J		6.2 NAME	
STREET ADDRESS	108 PADDOCK PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP	32082

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: James C. Triola — April 12, 1996 — 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James C. Triola, Secretary

CR2E034 (12/95)