

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61655 (7)

1. Corporation Name
PGA TOUR BROKERAGE SERVICES, INC.

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

Mailing Address
112 TPC BLVD.
PONTE VEDRA BEACH FL 32082

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 06/10/1985 4. FEI Number 59-2551333 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 7. 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	
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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) 112 PGA TOUR Boulevard 83 84 City FL 85 Zip Code	
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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	V PRICE, RON 2316 BEACHCOMBER TRAIL ATLANTIC BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KELLY, VERNON A., JR. 1221 SOUTH FIRST ST TH3 JACKSONVILLE BCH FL	1.2 NAME	111 Knotty Pine Trail Ponte Vedra Beach, FL 32082
STREET ADDRESS	D MOORHOUSE, EDWARD 8009 WHISPER LAKE LANE PONTE VEDRA BCH FL	1.3 STREET ADDRESS	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	DP ZINK, CHARLES L 20 PONCIANA WAY PONTE VEDRA BEACH FL	2.2 NAME	1221 South First St. TH2 32250
TITLE	ST TRIOLA, JAMES C 1165 SALT MARSH CIRCLE PONTE VEDRA BEACH FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.1 TITLE	32082
STREET ADDRESS		3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP		3.3 STREET ADDRESS	32082
TITLE		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.1 TITLE	32082
STREET ADDRESS		4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP		4.3 STREET ADDRESS	32082
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.1 TITLE	32082
STREET ADDRESS		5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP		5.3 STREET ADDRESS	32082
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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

James C. Triola

4/9/98

904/285-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016508

CR2E034 (10/97)