

4.6.98 B-4211 C-

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

FILED

Apr 06 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 # V36688 (2)
 1. Corporation Name
PGA MANAGEMENT SERVICES, INC.



Principal Place of Business 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418	Mailing Address 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1992		4. FEI Number 65-0394727		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip	25 Country	28 Zip	30 Country	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 GARRITY, CHRISTINE M. 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSHOUSER, JESSE	1.2 NAME	DP Awtrey, Jim L.
STREET ADDRESS	100 AVE. OF THE CHAMPIONS	1.3 STREET ADDRESS	640 Inlet Road
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	N. Palm Beach, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTINGER, KIRK	2.2 NAME	
STREET ADDRESS	100 AVE. OF THE CHAMPIONS	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINE, VIC.	3.2 NAME	King, Thomas
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	3.3 STREET ADDRESS	100 Avenue of the Champions
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE, FENWICK	4.2 NAME	Horrell, Steve
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	4.3 STREET ADDRESS	100 Avenue of the Champions
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAUSE, BRENT	5.2 NAME	Thorsen, Thomas
STREET ADDRESS	WYNLAKES GOLF AND COUNTRY CLUB	5.3 STREET ADDRESS	100 Avenue of the Champions
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, CHRISTINE M	6.2 NAME	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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: Christine M. Mortham Secretary

3/19/98 Date (561) 624-8548

CR2E034 (10/97)