


FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769565 (3)
1. Corporation Name
SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.



Principal Place of Business 13000 SAWGRASS VILLAGE CIRCLE STE. 37 PONTE VEDRA FL 32082 US	Mailing Address 13000 SAWGRASS VILLAGE CIRCLE STE. 37 PONTE VEDRA FL 32004-1535 US
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3. Date Incorporated or Qualified
07/26/1983

4. FEI Number 59-2483547	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**WIELGU, CHUCK
13000 SAWGRASS VILLAGE DR.
STE. 37
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent

81 Name LANA MANNING
82 Street Address (P.O. Box Number is Not Acceptable) 13000 SAWGRASS VILLAGE CIR. Ste 37
83
84 City PONTEVEDRA
85 Zip Code FL 32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lana Manning - LANA MANNING DATE 4-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTRAM, DENNY		1.2 NAME	
STREET ADDRESS 18002 N DALE MABRY HIGHWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALESKI, MARY ANN		2.2 NAME Saleski, Mary Ann	
STREET ADDRESS 430 SWEDES FORD ROAD		2.3 STREET ADDRESS One Presidential Blvd., Ste. 401	
CITY-ST-ZIP MALVERN PA		2.4 CITY-ST-ZIP Bala Cynwyd, PA 19004	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSELL JACK		3.2 NAME	
STREET ADDRESS 25 MELVILLE PARK RD		3.3 STREET ADDRESS	
CITY-ST-ZIP MELVILLE NY		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAVNER, HOLLIS		4.2 NAME	
STREET ADDRESS 8990 SPRINGBROOK DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP COON RAPIDS MN		4.4 CITY-ST-ZIP	
TITLE O	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WIELGUS, CHUCK		5.2 NAME LANA MANNING	
STREET ADDRESS 13000 SAWGRASS VILLAGE DR.		5.3 STREET ADDRESS 13000 SAWGRASS VILLAGE CIR. # 37	
CITY-ST-ZIP PONTE VEDRA FL		5.4 CITY-ST-ZIP PONTE VEDRA Beach, FL 32082	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELE, PETER		6.2 NAME	
STREET ADDRESS 1881 SUDBURY RD		6.3 STREET ADDRESS	
CITY-ST-ZIP CONCORD MA		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lana Manning DATE 4-27-98 904-285-6650

CR2E037 (10/97)