

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 473518

1. Corporation Name

CENTEX-GREAT SOUTHWEST CORPORATION

Principal Place of Business

6300 NW 5TH WAY  
FORT LAUDERDALE FL 33309

Mailing Address

PO BOX 199000  
DALLAS TX 75219  
US

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90143 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1975

4. FEI Number

59-1588110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MOSS, BOB L.	
STREET ADDRESS	6300 N.W. 5TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILMORE, WILLIAM B	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUGGINS, GARY L	
STREET ADDRESS	1408 N WESTSHORE BLVD #102	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMERGE, RAYMOND G	
STREET ADDRESS	2728 N HARWOOD ST	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	ESPORRIN, GARY P	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	JANET L ERICKSON	
STREET ADDRESS	2728 N HARWOOD ST	
CITY-ST-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)