## 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 # 829331

TEXAS PGI, INC.

Principal Place of Business	Mailing Address
10000 N CENTRAL EXPWY	10000 N CENTRAL EXPWY
SUITE 1150	SUITE 1150

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90022 049 \*\*\*158.75



Principal Place of Business Mailing Address			i indikt inita tinge inger leine sitat tinn dinit dinet oratt osatt dratt den e				
		-					
10000 N CENTI Suite 1150	HAL EXPWY	10000 N CENTRAL EXPWY SUITE 1150					
DALLAS TX 72	531	DALLAS TX 75231			DO NOT WRITE IN THIS	SPACE	
US	-	US			3. Date Incorporated or Qualifed		
}					01/17/1973		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			75-1393275		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					equired
City & Stat	te	City & State			6. Election Campaign Financing	,	May Be
23	<del> </del>	28	0		Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	r <b>y</b>	This corporation owes the current year Interpretation     Personal Property Tax.	angible []]Yes	<b>⊠</b> No
24	25		30		10. Name and Address of New Registered		
	9. Name and Address of Curren	ir vedisteien wäsur	8	1 Name	Iddie die Vagiese of Hea Healstein		
, ст	CORPORATION SYSTEM						
	D S. PINE ISLAND RD.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		8	3			
''	MIAHOH I E WOLT		°	<u> </u>			
			8	4 City	FL	85 Zip	Code
					rporation submits this statement for the purpose of	obangina itu	e registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	nda Statute	es.	tion's board of directors. I hereby accept the appoin		79,0101.00
42	Signature, typed or printed name of registered ager		Registered Ag	jent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	PC OFFICERS AN	ID DELETE	1.1 TITLE	<del>-                                    </del>	7,00111011070111110100 70 011101110711	Change	
TITLE	1 * 0	المساد المساد	1.2 NAME			_ •	,
NAME	COOPER, WILLIAM R	TT 4450		ET ADDRESS			ļ
STREET ADDRESS		E 1130					+
CITY-ST-ZIP	DALLAS TX 75231	□ DELETE	1.4 CITY- 2.1 TITLE			Change	[ ] Addition
TITLE	STD IFOOV I	LJ DEEE IE	2.1 MAME				_
NAME	BONNER, JERRY J	TC 1150					
STREET ADDRESS		11E 1130		ET ADDRESS			
CITY-ST-ZIP	DALLAS TX		2. 4 CITY 3.1 TITLE			[-] Change	
- πιτε	VMD	المالية المالية	3.1 MLE		•		_ `
NAME OTDEET ADDDESS	LEVEY, LEWIS A	CTE ATE		ET ADDRESS			
STREET ADDRESS		STE 675	-				;
CITY-ST-ZIP	ST. LOUIS MO 63144	□ DELETE	3.4. CITY 4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	D A MEANS		4.1 III.E			9-	
NAME	STEVEN A. MEANS	OTF 4450		_			
STREET ADDRESS		STE 1150		ET ADDRESS			!
CITY-ST-ZIP	DALLAS TX	DELETE	4.4 CITY	-		Change	Addition
TITLE	D		5.1 TITLE 5.2 NAM	ì		Jinningo	
NAME	SHINE, DON M			ľ	•		
STREET ADDRESS	10000 11 0 = 1111 1 = 0 = 11 11 0	STE 1150		ET ADORESS			
CITY-ST-ZIP	DALLAS TX 75231		5.4 CITY			Change	☐ Addition
TITLE		□ DELETE	6.1 TITLE			LJ change	☐ WOURDII
NAME			6.2 NAMi				
STREET ADDRESS	6			ET ADDRESS			
1	1		E C A CITY	CT. 7ID			

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 comporation 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.