

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90041 042 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # F95000000180**

1. Corporation Name  
**SGW CENTRAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8144 WALNUT HILL LANE SUITE 550 DALLAS TX 75231</b>		Mailing Address <b>8144 WALNUT HILL LANE SUITE 550 DALLAS TX 75231</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
3. Date Incorporated or Qualified <b>01/11/1995</b>			
4. FEI Number <b>75-2293387</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WEBSTER, KELLER</b>		1.2 NAME	
STREET ADDRESS <b>8144 WALNUT HILL LANE, SUITE 550</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75231</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>UTLEY, STEVEN R</b>		2.2 NAME	
STREET ADDRESS <b>8144 WALNUT HILL LANE, SUITE 550</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75231</b>		2.4 CITY-ST-ZIP	
TITLE <b>VST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ALBRECHT, FREDERICK L</b>		3.2 NAME	
STREET ADDRESS <b>8144 WALNUT HILL LANE, SUITE 550</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75231</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>V</b>
NAME <b>SWAIN, JOHNNY L.</b>		4.2 NAME	<b>SWAIN, JOHNNY L.</b>
STREET ADDRESS <b>8144 WALNUT HILL LANE, SUITE 550</b>		4.3 STREET ADDRESS	<b>8144 Walnut Hill Lane Suite 550</b>
CITY-ST-ZIP <b>DALLAS TX 75231</b>		4.4 CITY-ST-ZIP	<b>Dallas Tx 75231</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

1/6/99

214 739 8141

CR2E034 (11/98)