

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

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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G03354 (9)**

1. Corporation Name  
**GAI CONSULTANTS-SOUTHEAST, INC.**

Principal Place of Business <b>201 EAST PINE STREET SUITE 200 ORLANDO FL 32801</b>	Mailing Address <b>201 EAST PINE STREET SUITE 200 ORLANDO FL 32801-2715</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>10/06/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2246595</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DE JIDAS, GARY M 201 E. PINE STREET, SUITE 200 ORLANDO FL 32801</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, LANE R.</b>	1.2 NAME	
STREET ADDRESS	<b>3298 TIMUCUA CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>32837</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEJIDAS, GARY M</b>	2.2 NAME	
STREET ADDRESS	<b>1436 CAMPBELL ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>32806</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALVER, HENRY A</b>	3.2 NAME	<b>Vaughn, Steve D.</b>
STREET ADDRESS	<b>315 BRADDSLEY DR</b>	3.3 STREET ADDRESS	<b>675 Tomlinson Terr.</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	3.4 CITY-ST-ZIP	<b>Lake Mary, FL 32746</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEVERS, JEFFERY</b>	4.2 NAME	
STREET ADDRESS	<b>7445 PINE MOUNT DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>32819</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTON, MARY P</b>	5.2 NAME	
STREET ADDRESS	<b>424 MORNING CREEK CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNINGTON, DONALD E</b>	6.2 NAME	
STREET ADDRESS	<b>255 KINCAID AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	6.4 CITY-ST-ZIP	

14. I do 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 upon an attachment with an address.

SIGNATURE: Gary M. Dejidas, Gary M. Dejidas / Pres. 4/24/97 (407) 423-8398  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)