

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

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85650 (3)

1. Corporation Name
PDI SOUTHEAST, INC.



Principal Place of Business 94 ROBIN RD. ORANGE PARK FL 32073 US	Mailing Address 94 ROBIN RD. ORANGE PARK FL 32073-6402 US
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3. Date Incorporated or Qualified 06/14/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2961466	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 150-2C Pinellas Bayway Suite, Apt. #, etc.	2a. Mailing Address 26 150-2C Pinellas Bayway Suite, Apt. #, etc.
22 City & State 23 TERRA VERDE FL	27 City & State 28 TERRA VERDE FL
24 Zip 33715 Country US	29 Zip 33715 Country US

9. Name and Address of Current Registered Agent GRIFFIN, MICHAEL G. 1132 3RD AVENUE S. TIERRA VERDE FL 33715	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
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11. Pursuant to the provisions of Sections 607.0512 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 an officer, director, and a holder of the majority of, Section 607.0505, Florida Statutes.

SIGNATURE: *Michael Griffin* DATE: **3-31-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STATHMAN, JAMES		1.2 NAME	
STREET ADDRESS 2136 TWIN SISTERS RD.		1.3 STREET ADDRESS	
CITY, ST, ZIP SUISUN CA		1.4 CITY - ST - ZIP	
TITLE PGM	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, MICHAEL G.		2.2 NAME	
STREET ADDRESS 1132 3RD AVENUE ST.		2.3 STREET ADDRESS	
CITY, ST, ZIP TIERRA VERDE FL		2.4 CITY - ST - ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUECHTEFELD, J W		3.2 NAME	
STREET ADDRESS 4434 WESTMINSTER PL		3.3 STREET ADDRESS	
CITY, ST, ZIP ST LOUIS MO		3.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, JOSEPH P		4.2 NAME	
STREET ADDRESS 5745 110TH STREET		4.3 STREET ADDRESS	
CITY, ST, ZIP JACKSONVILLE FL		4.4 CITY - ST - ZIP	
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 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, or on an attachment with an address.

SIGNATURE: *Michael Griffin* DATE: **3-31-97** DAYTIME PHONE: **8138646896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)