

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G72454** (3)  
1. Corporation Name  
**GEOSYNTEC CONSULTANTS, INC.**



Principal Place of Business: **ONE PARK PLACE, 621 N.W. 53RD STREET STE 650, BOCA RATON FL 33487**  
Mailing Address: **ONE PARK PLACE, 621 N.W. 53RD STREET STE 650, BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **12/01/1983**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2355134**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**WILLIAMS, NEIL D., PH.D., P.E.  
621 N W 53RD STREET  
STE 650  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 making change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANGLERAT, THIERRY</b>	1.2 NAME	
STREET ADDRESS	<b>339 CANAL ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	1.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIROUD, JEAN-PIERRE</b>	2.2 NAME	
STREET ADDRESS	<b>6711 N. OCEAN BLVD,29</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCEAN RIDGE FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, NEIL D.</b>	3.2 NAME	
STREET ADDRESS	<b>4902 NW 105TH DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONAPARTE, RUDOLPH</b>	4.2 NAME	
STREET ADDRESS	<b>3814 ASHFORD KNOLL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEECH, JOHN F</b>	5.2 NAME	
STREET ADDRESS	<b>3975 CHESSON CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARGENT, THOMAS N. S</b>	6.2 NAME	
STREET ADDRESS	<b>454 ALLANA COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STONE MOUNTAIN GA</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J.P. Giroud **J.P. Giroud** **4/16/96** **407 995-0900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)