

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

**FILED**  
**Jun 27 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 # G72454**  
 1. Corporation Name  
**GEOSYNTEC CONSULTANTS, INC.**

**(3) AMENDED**



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 33487-8220**

3. Date Incorporated or Qualified  
**12/01/1983**

3a. Date of Last Report  
**04/22/1996**

4. FEI Number  
**59-2355134**

Applied For  
 Applied For  
 Not Applicable

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 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 Name **DR. J. P. Giroud**  
 82 Street Address (P.O. Box Number is Not Acceptable) **Same**  
 83 City **Boca Raton** FL 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 **J.P. Giroud** **J.P. Giroud, Chairman, Director** 5/7/97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SANGLERAT, THIERRY</b>	
STREET ADDRESS	<b>339 CANAL ST.</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	
TITLE	<b>VBS</b>	<input type="checkbox"/> DELETE
NAME	<b>GIROUD, JEAN-PIERRE</b>	
STREET ADDRESS	<b>8711 N. OCEAN BLVD, 29</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, NEIL D.</b>	
STREET ADDRESS	<b>4902 NW 105TH DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BONAPARTE, RUDOLPH</b>	
STREET ADDRESS	<b>3814 ASHFORD KNOLL</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BEECH, JOHN F</b>	
STREET ADDRESS	<b>3975 CHESSON CT</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VP, J.</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCIA, PATRICK</b>	
STREET ADDRESS	<b>251 La Casa Via</b>	
CITY-ST-ZIP	<b>Walnut Creek, CA 94598</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DR. J. P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>DIRECTOR, Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>J.P. Giroud, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 **J.P. Giroud** 5/7/97 (56) 995-0000

CR2E034 (9/96)