

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G72454 (3)
 1. Corporation Name
GEOSYNTEC CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/01/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2355134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 2 \$8.75 Additional Fee Required <input type="checkbox"/> 17.50	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Country	30. Country

9. Name and Address of Current Registered Agent

**GIROUD, J. P
 621 N W 53RD STREET
 STE 650
 BOCA RATON FL 33487**

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SANGLERAT, THIERRY	
STREET ADDRESS	339 CANAL ST.	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GIROUD, JEAN-PIERRE	
STREET ADDRESS	6711 N. OCEAN BLVD.29	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUCIA, PATRICK	
STREET ADDRESS	351 LA CASA VIA	
CITY-ST-ZIP	WALNUT CREEK FC 04508	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BONAPARTE, RUDOLPH	
STREET ADDRESS	3814 ASHFORD KNOLL	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEECH, JOHN F	
STREET ADDRESS	3975 CHESSON CT	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *J.P. Giroud* J.P. GIROUD 4/14/98 561 995-0900 2/16

CR2E034 (10/97)