

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90034 030 ***167.50

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72454

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1983

4. FEI Number
59-2355134

5. Certificate of Status Desired **2** Applied For
\$8.75 Additional Fee Required **17.50**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent
~~GIROUD, J P~~ **Thomas A. Peel**
621 N W 53RD STREET
STE 650
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name **Thomas A. Peel**
82 Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 53rd Street,
83 **Suite 650**
84 City **Boca Raton** FL 85 Zip Code **33487**

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 **Thomas A. Peel** DATE **4/5/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGLERAT, THIERRY	1.2 NAME	
STREET ADDRESS	339 CANAL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUD, JEAN-PIERRE	2.2 NAME	
STREET ADDRESS	6711 N. OCEAN BLVD, 29	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	
TITLE	VPD Chairman <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIA, PATRICK	3.2 NAME	
STREET ADDRESS	351 LA CASA VIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT CREEK FC 94598	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAPARTE, RUDOLPH	4.2 NAME	
STREET ADDRESS	3814 ASHFORD KNOLL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEECH, JOHN F	5.2 NAME	Edward Kavazanjian
STREET ADDRESS	3975 CHESSON CT	5.3 STREET ADDRESS	2100 Main St, #150
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Huntington Beach, CALIF 92648
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A. Peel	6.2 NAME	
STREET ADDRESS	621 Nw 53 St, #650	6.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	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, with all other like empowered.

SIGNATURE: **Rudolph Bonaparte** DATE: **4/5/99** DAYTIME PHONE #: **561 995-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)