

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

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90034 030 \*\*\*167.50



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1983

4. FEI Number

59-2355134

Applied For

Not Applicable

5. Certificate of Status Desired ☒ 2 ☐ 1

\$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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GIRLOUD, P~~ *Thomas A. Peel*  
621 N W 53RD STREET  
STE 650  
BOCA RATON FL 33487

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*  
Signature, typed or printed name of registered agent and title if applicable.

Thomas A. Peel  
(NOTE: Registered Agent signature required when reinstating)

4/5/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE  
NAME SANGLERAT, THIERRY  
STREET ADDRESS 339 CANAL ST.  
CITY-ST-ZIP NEWPORT BEACH CA

TITLE DC ☒ DELETE  
NAME GIRLOUD, JEAN-PIERRE  
STREET ADDRESS 8711 N. OCEAN BLVD, 29  
CITY-ST-ZIP OCEAN RIDGE FL

TITLE ~~VPD: Chairman~~ ☐ DELETE  
NAME LUCIA, PATRICK  
STREET ADDRESS 351 LA CASA VIA  
CITY-ST-ZIP WALNUT CREEK FC 94598

TITLE P ☐ DELETE  
NAME BONAPARTE, RUDOLPH  
STREET ADDRESS 3814 ASHFORD KNOLL  
CITY-ST-ZIP ATLANTA GA

TITLE DS ☐ DELETE  
NAME BEECH, JOHN F  
STREET ADDRESS 3975 CHESSON CT  
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE  
NAME Thomas A. Peel  
STREET ADDRESS 621 Nw 53 St, #650  
CITY-ST-ZIP Boca Raton, FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Edward Kavazanjian  
5.4 CITY-ST-ZIP 2100 Main St, #150  
Huntington Beach, CALIF 92648

6.1 TITLE ☐ Change ☒ 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, with all other like empowered.

SIGNATURE:

*Rudolph Bonaparte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 561 995-0900

CR2E034 (11/98)