FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000034824 (1)**

1. Corporation Name
GENERAL TECHNICAL CONSULTANTS, INC.

Principal Place of Business
717 SE 22 DR
HOMESTEAD FL 33033

Mailing Address
717 SE 22 DR
HOMESTEAD FL 33033

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0412785 [ ] 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 [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

MURTY & TOME, P.A.
777 BRICKELL AVE
SUITE 1114
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1) TITLE	VP	[X] Change [ ] Addition
NAME	GREENWOOD, CECILIA		1) NAME	GREENWOOD JOHN	
STREET ADDRESS	717 S.E. 22ND ST.		1) STREET ADDRESS	717 SE 22 DRIVE	
CITY-ST-ZIP	HOMESTEAD FL		1) CITY-ST-ZIP	Homestead, FL 33033	
TITLE	VP	[ ] DELETE	2) TITLE	P	[X] Change [ ] Addition
NAME	GREENWOOD, JOHN		2) NAME	Greenwood, Cecilia	
STREET ADDRESS	717 S.E 22 DR.		2) STREET ADDRESS	717 SE 22 DRIVE	
CITY-ST-ZIP	HOMESTEAD FL		2) CITY-ST-ZIP	Homestead, FL. 33033	
TITLE		[ ] DELETE	3) TITLE		[ ] Change [ ] Addition
NAME			3) NAME		
STREET ADDRESS			3) STREET ADDRESS		
CITY-ST-ZIP			3) CITY-ST-ZIP		
TITLE		[ ] DELETE	4) TITLE		[ ] Change [ ] Addition
NAME			4) NAME		
STREET ADDRESS			4) STREET ADDRESS		
CITY-ST-ZIP			4) CITY-ST-ZIP		
TITLE		[ ] DELETE	5) TITLE		[ ] Change [ ] Addition
NAME			5) NAME		
STREET ADDRESS			5) STREET ADDRESS		
CITY-ST-ZIP			5) CITY-ST-ZIP		
TITLE		[ ] DELETE	6) TITLE		[ ] Change [ ] Addition
NAME			6) NAME		
STREET ADDRESS			6) STREET ADDRESS		
CITY-ST-ZIP			6) 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Greenwood

23 MAR 96 — Date
230-0417 — Daytime Phone #

CR2E034 (12/95)