

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

FILED

Apr 11 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L16801 (7)
1. Corporation Name
ORGANIZATIONAL PERFORMANCE DIMENSIONS, INC.



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| Principal Place of Business 161 MADEIRA AVE SUITE 50 CORAL GABLES FL 33134 US | Mailing Address 161 MADEIRA AVE SUITE 50 CORAL GABLES FL 33134-4515 US |
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| 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 |
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| 3. Date Incorporated or Qualified 09/15/1989 | 3a. Date of Last Report 08/05/1996 |
| 4. FEI Number 65-0153248 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent KROECK, ANNETTE W. 1423 W FAIRBANKS AVENUE SUITE 208 WINTER PARK FL 32789 |
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| 10. Name and Address of New Registered Agent 81 Name ANNETTE WELLINGHOFF 82 Street Address (P.O. Box Number is Not Acceptable) 161 MADEIRA AVE #50 83 Suite 50 84 City Coral Gables FL 85 Zip Code 33134 |
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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 ANNETTE WELLINGHOFF *Annette Wellingshoff* **DATE** 4-4-97

| 12. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE ST NAME KROECK, ANNETTE W. STREET ADDRESS 1423 W FAIRBANKS AVE #208 CITY-ST-ZIP WINTER PARK FL | <input type="checkbox"/> DELETE |
| TITLE D NAME KROECK, K. GALEN STREET ADDRESS 1423 W FAIRBANKS AVE #208 CITY-ST-ZIP WINTER PARK FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME ANNETTE WELLINGHOFF 1.3 STREET ADDRESS 161 MADEIRA AVE SUITE 50 1.4 CITY-ST-ZIP CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME KARL GALEN KROECK 2.3 STREET ADDRESS 161 MADEIRA AVE SUITE 50 2.4 CITY-ST-ZIP CORAL GABLES FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Annette Wellingshoff* **DATE** 4-4-97 **Daytime Phone #** (305) 232-5882

CR2E034 (9/96)