

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**  
09-07-1999 90004 017 \*\*\*550.00

DOCUMENT # **L16801**  
Corporation Name  
**ORGANIZATIONAL PERFORMANCE DIMENSIONS, INC.**

Principal Place of Business  
**MADEIRA AVE  
STE 50  
CORAL GABLES FL 33134**

Mailing Address  
**161 MADEIRA AVE  
SUITE 50  
CORAL GABLES FL 33134  
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
MADEIRA AVE STE 50 CORAL GABLES FL 33134		161 MADEIRA AVE SUITE 50 CORAL GABLES FL 33134 US		09/15/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		65-0153248	
City & State		City & State		5. Certificate of Status Desired	
29		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
25		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property.	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELLINGHOFF, ANNETTE 161 MADEIRA AVE STE 50 CORAL GABLES FL 33134				81 Name <b>KARL GALEN KROECK</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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 607.0508, Florida Statutes.

SIGNATURE *Karl Galen Kroeck* **KARL GALEN KROECK** 7/26/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME	2. TITLE	3. STREET ADDRESS	4. CITY-STATE-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
WELLINGHOFF, ANNETTE	ST	161 MADEIRA AVE STE 50	CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE			
KROECK, KARL GALEN	D	161 MADEIRA AVE STE 50	CORAL GABLES FL	<input type="checkbox"/> DELETE			
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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: *Karl Galen Kroeck* **KARL GALEN KROECK** 7-26-99 2325882 305