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Secretary of State

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Mar 11, 1999 8:00 am

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 # P97000105988

CARLINO-JOHNSTON INSTITUTE FOR ORGANIZATIONAL PE RFORMANCE, INC.

Principal Place of Business Mailing Address						
9230 CYPRESS HOLLOW DRIVE 9230 CYPRESS HOLLOW DRIVE						
PALM BEACH G	PALM BEACH GARD	LM BEACH GARDENS FL 33418			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						12/17/1997
2. Principal Place of Business 2a, Mailing Address						4. FEI Number Applied For
-	ace of Business	— ·	2a. Mailing Address			65-0802341 Not Applicable
21		26 Suite Apt # ot	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27	27			5. Certificate of Status Desired
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	c	ountry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		١		10. Name and Address of New Registered Agent
0.15				81	Name	
CARLINO, DIANE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
9230 CYPRESS HOLLOW DRIVE						
PALM BEACH GARDENS FL 33418				83		•
				84	Citv	85 Zip Code
				04	City	FL S Z C C C C C C C C C
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change ations of, Section 607.050	was autnoriz 5, Florida St	ed by atutes	tne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ag				it signature requ	uited when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	1;	J.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D					, ,
NAME	OANLINO, AND		NAME			
STREET ADDRESS	9230 CYPRESS HOLLOW DRI				ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP	. ☐ Change ☐ Addition	
TITLE	_		TITLE		Citalige Addition	
NAME	O, 4, 12, 170, 57, 1712		NAME			
STREET ADDRESS	OZOG CITTIZOG HOCZOTT STITZ		STREET	ADDRESS		
CITY-ST-ZIP			4 CITY-S	T-ZIP	El Olivera El Addition	
TITLE	D	☐ DELI	DELETE 3.1 π		ļ	☐ Change ☐ Addition
NAME	JOHNSTON, TOM		3.2 N			
STREET ADDRESS	55 17 1111 5115		STREE	TADDRESS		
CITY-ST-ZIP	GROSSE POINTE SHORES MI 48236 34.6		. CITY-S	ST-ZIP		
TITLE			TITLE	Ī	☐ Change ☐ Addition	
NAME	JOHNSTON, ANN MARIE		4.2	2 NAME		
STREET ADDRESS	44 54455055		STREE	ADDRESS		

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GROSSE POINTE SHORES MI 48236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-1311

Change

☐ Change

Addition

☐ Addition