FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 8:03

DOCUMENT # **F94000006268 (6)**

1. Corporation Name
ISLAND DEVELOPMENT GROUP LIMITED, INC.

Principal Place of Business	Mailing Address
1760 S. TELEGRAPH ROAD SUITE 300 BLOOMFIELD HILLS MI 48302	1760 S. TELEGRAPH ROAD SUITE 300 BLOOMFIELD HILLS MI 48302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **38-3083163** ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

THURLOW, THOMAS H JR
THURLOW & SMITH, P.A.
17 MARTIN L. KING, JR. BLVD.
STUART FL 33494

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 _____ DATE
Signature, typed or printed name of registered agent and the date as required. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	BERKEY, JON H	12 NAME	BERKEY, JON H	
STREET ADDRESS	1760 S. TELEGRAPH RD STE 300	13 STREET ADDRESS	1750 S. TELEGRAPH RD., STE. 107	
CITY ST ZIP	BLOOMFIELD HILLS MI 48302	14 CITY ST ZIP	BLOOMFIELD HILLS, MI 48302	
TITLE	DM	21 TITLE		☐ Change ☐ Addition
NAME	BASSETT, JOSEPH S M.D.	22 NAME		
STREET ADDRESS	325 DUNSTON	23 STREET ADDRESS		
CITY ST ZIP	BLOOMFIELD HILLS MI 48304	24 CITY ST ZIP		
TITLE	DM	31 TITLE		☐ Change ☐ Addition
NAME	HOSKI, A. JOSEPH M.D.	32 NAME		
STREET ADDRESS	8425 E. 12 MILE RD	33 STREET ADDRESS		
CITY ST ZIP	WARREN MI 48093	34 CITY ST ZIP		
TITLE	DM	41 TITLE		☐ Change ☐ Addition
NAME	JONES, STANLEY	42 NAME		
STREET ADDRESS	4242 WENDELL ROAD	43 STREET ADDRESS		
CITY ST ZIP	WEST BLOOMFIELD MI 48323	44 CITY ST ZIP		
TITLE	DM	51 TITLE		☐ Change ☐ Addition
NAME	KAPDI, CHANDRAKANT C M.D.	52 NAME		
STREET ADDRESS	871 HARSDALE	53 STREET ADDRESS		
CITY ST ZIP	BLOOMFIELD HILLS MI 48013	54 CITY ST ZIP		
TITLE	DM	61 TITLE		☐ Change ☐ Addition
NAME	THOMAS, DOMINIC PH.D.	62 NAME		
STREET ADDRESS	6010 BARRIE	63 STREET ADDRESS		
CITY ST ZIP	DEARBORN MI 48126	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ January 24, 1995 810/332-2100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Jon H. Berkey, General Counsel & Co-Director

0407154 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000006399 (9)

1. Corporation Name

TURBINE SUPPORT INC.

Principal Place of Business	Mailing Address
7707 N US HWY 1, UNIT 7 VERO BEACH FL 32967	7707 N US HWY 1, UNIT 7 VERO BEACH FL 32967

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21: 6880 N US Hwy 1
22: Suite, Apt. #, etc.
23: City & State: VERO BEACH FL
24: Zip: 32967
25: County: INDIAN RIVER

2a. Mailing Address
26: 6880 N US Hwy 1
27: Suite, Apt. #, etc.
28: City & State: VERO BEACH FL
29: Zip: 32967
30: County: INDIAN RIVER

4. FEI Number: APPLIED FOR 650544472 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE (OPTIONAL)	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	ROSS, KEITH M	12 NAME	
STREET ADDRESS	566 SLOANE ST	13 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL 32958	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ROSS, SCOTT C	22 NAME	
STREET ADDRESS	8610 JUNGLE TRAIL	23 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL 32963	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ROSS, ANNE F	32 NAME	
STREET ADDRESS	566 SLOANE ST	33 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL 32958	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E024 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: K H Ross Pres 6-9-95 407-564-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010720 CP