SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP 10 AM 10:37
SECRETARY OF STATE

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

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business (21)	1750 S. Telegraph Road
Suite, Apt #, etc. (22)	Suite 107
City & State (23)	Bloomfield Hills, MI
Zip (24) / Country (25)	48302 / Oakland
2a. Mailing Address (26)	1750 S. Telegraph Road
Suite, Apt #, etc. (27)	Suite 107
City & State (28)	Bloomfield Hills, MI
Zip (29) / Country (30)	48302 / Oakland

4. FEI Number: 38-3063163 ☐ 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) 100015524775
-09/20/96--01020--019

83 ****375.00 ****375.00

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, of new registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BERKEY, JON H		12 NAME	
STREET ADDRESS	1750 S TELEGRAPH ROAD, SUITE 107		13 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		14 CITY-ST-ZIP	
TITLE	DM	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 9/4/96 810-332-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JON H. BERKEY, GENERAL COUNSEL

0190713 FN