

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90136 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088348

1. Corporation Name
INDUSTRIAL TURBINE SUPPORT, INC.

Principal Place of Business 3910 RCA BLVD. STE 1008 PALM BEACH GARDENS FL 33410 US	Mailing Address 3910 RCA BLVD., STE. 1008 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1995	
21		26		4. FEI Number 65-0622850	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LADD, MICHAEL 3910 RCA BLVD., SUITE 1008 PALM BEACH GARDENS FL 33410				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Thomas J. Nangle ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANGLE, THOMAS J	1.2 NAME	23 S. Ridgeview Rd.
STREET ADDRESS	23 S RIDGEVIEW RD	1.3 STREET ADDRESS	Stuart, FL
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, FRANCIS	2.2 NAME	O'Neill, Francis
STREET ADDRESS	1085 ROBLE WAY	2.3 STREET ADDRESS	2103 Cove Lane
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL
TITLE	VPTD <input type="checkbox"/> DELETE	3.1 TITLE	Sr. Vice President / Sect. / Treas. / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADD, MICHAEL A	3.2 NAME	Ladd, Michael A.
STREET ADDRESS	1095 ROBLE WAY	3.3 STREET ADDRESS	1095 Roble Way
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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.

SIGNATURE: X *[Signature]* **1/12/99** **561-626-8900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)