

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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 JAN 30 AM 9:44

DOCUMENT # **N09925** (1)

1. Corporation Name  
**ISLAND THEATER WING, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2200 PERIWINKLE WAY 2200 PERIWINKLE WAY  
P.O. BOX 1459 P.O. BOX 1459  
SANIBEL FL 33957 SANIBEL FL 33957

3. Date Incorporated or Qualified **06/25/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2617321** Applied For  
Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCTAVISH, JOHN E.**  
**654 E. ROCKS DR.**  
**SANIBEL FL 33957**

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	PARK, ALVIN
STREET ADDRESS	3225 WEST GULF DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	DVP
NAME	JOHNSON, PHILLIP
STREET ADDRESS	164 SOUTHWINDS DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	DT
NAME	VALENTINE, JOHN
STREET ADDRESS	5299 LADYFINGER LAKE ROAD
CITY-ST-ZIP	SANIBEL FL
TITLE	DS
NAME	HILLEBRANDT, TINA
STREET ADDRESS	1214 BUTTONWOOD LANE
CITY-ST-ZIP	SANIBEL FL
TITLE	D
NAME	BAILEY, FRANCIS
STREET ADDRESS	2477 PERIWINKLE
CITY-ST-ZIP	SANIBEL FL
TITLE	D
NAME	JOHNSON, LOUISE
STREET ADDRESS	3941 GULF DRIVE
CITY-ST-ZIP	SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	NIRENBERG, KEN
3.4 CITY-ST-ZIP	775 Limpet Drive SANIBEL, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(4), 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: Carrie Lund Cacioppo 1/20/95 (813) 472-0006  
Carrie Lund Cacioppo Producing Director