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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09925 (1)
1. Corporation Name
ISLAND THEATER WING, INC.



Principal Place of Business 2200 PERIWINKLE WAY P.O. BOX 1459 SANIBEL FL 33957	Mailing Address 2200 PERIWINKLE WAY P.O. BOX 1459 SANIBEL FL 33957-1459
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3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2617321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**LEON, STEVEN B
15189 IONA LAKES DRIVE
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name LEON, STEVEN B.
82 Street Address (P.O. Box Number is Not Acceptable) 15275 IONA LAKES DRIVE
83
84 City FT. MYERS
85 Zip Code FL 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARK, ALVIN	
STREET ADDRESS	3225 WEST GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PHILLIP	
STREET ADDRESS	164 SOUTHWINDS DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NIRENBERG, KEN	
STREET ADDRESS	775 LIMPET DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HILLEBRANDT, TINA	
STREET ADDRESS	1214 BUTTONWOOD LANE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEHMANN, NANELLE	
STREET ADDRESS	SOUTH SEAS PLANTATION P O BOX 265	
CITY-ST-ZIP	CAPTIVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWRENCE, CAROLE	
STREET ADDRESS	545 BOULDER DRIVE	
CITY-ST-ZIP	SANIBEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARK, ALVIN	
1.3 STREET ADDRESS	3225 W. GULF DRIVE	
1.4 CITY-ST-ZIP	SANIBEL, FL 33957	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZWICK, JACK	
2.3 STREET ADDRESS	P.O. BOX 1029 NA	
2.4 CITY-ST-ZIP	CAPTIVA, FL 33924	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven B. Leon **STEVEN LEON** 4/1/97 941-472-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057955

CR2E037 (9/96)