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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

Mailing Address

**2200 PERIWINKLE WAY
P.O. BOX 1459
SANIBEL FL 33957**

**2200 PERIWINKLE WAY
P.O. BOX 1459
SANIBEL FL 33957-1459**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 01/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2617321	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	DP PARK, ALVIN 3225 WEST GULF DRIVE SANIBEL FL	1.1 TITLE	DVP
NAME		1.2 NAME	PARK, ALVIN
STREET ADDRESS		1.3 STREET ADDRESS	3225 W. GULF DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	DVP JOHNSON, PHILLIP 164 SOUTHWINDS DRIVE SANIBEL FL	2.1 TITLE	OP
NAME		2.2 NAME	ZWICK, JAKK
STREET ADDRESS		2.3 STREET ADDRESS	P.O. BOX 1029 NA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	DT NIRENBERG, KEN 775 LIMPET DRIVE SANIBEL FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS HILLEBRANDT, TINA 1214 BUTTONWOOD LANE SANIBEL FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WEHMANN, NANELLE SOUTH SEAS PLANTATION P O BOX 265 CAPTIVA FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LAWRENCE, CAROLE 545 BOULDER DRIVE SANIBEL FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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)