

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09925 1. Corporation Name ISLAND THEATER WING, INC.	(1)
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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
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21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent LEON, STEVEN B 15275 IONA LAKES DR FT MYERS FL 33908

3. Date Incorporated or Qualified 06/25/1985	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <i>Alex Roulston</i> Signature, typed or printed name of registered agent and title if applicable	ALEX ROULSTON (NOTE: Registered Agent signature required when reinstating)	4/10/98 DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DVP PARK, ALVIN
STREET ADDRESS	3225 WEST GULF DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	<input type="checkbox"/> DELETE
NAME	ZWICK, JACK
STREET ADDRESS	PO BOX 1029 N/A
CITY-ST-ZIP	CAPTIVA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DT NIRENBERG, KEN
STREET ADDRESS	775 LIMPET DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LAWRENCE, CAROLE
STREET ADDRESS	545 BOULDER DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DVP WEISSBACH, JOYCE
1.3 STREET ADDRESS	5307 LADYFINGER LAKE ROAD
1.4 CITY-ST-ZIP	SANIBEL, FL 33957
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 ROULSTON, ALEX
3.3 STREET ADDRESS	1044 WHISPERWOOD WAY
3.4 CITY-ST-ZIP	SANIBEL, FL 33957
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEC. MCTAVISH, JOHN
4.3 STREET ADDRESS	3407 WINDWOOD LAKE CIRCLE
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33413
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 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: <i>Alex Roulston</i> Signature, typed or printed name of registered agent and title if applicable	ALEX ROULSTON (NOTE: Registered Agent signature required when reinstating)	4/10/98 DATE	941-395-4982 TELEPHONE NUMBER
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CR2E037 (10/97)