


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90125 036 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N09925</b>					
<b>1. Corporation Name</b> <b>ISLAND THEATER WING, INC.</b>					
<b>Principal Place of Business</b> 2200 PERIWINKLE WAY P.O. BOX 1459 SANIBEL FL 33957			<b>Mailing Address</b> 2200 PERIWINKLE WAY P.O. BOX 1459 SANIBEL FL 33957		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 06/25/1985	
				<b>4. FEI Number</b> 59-2617321	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election, Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> ROULSTON, ALEX 1044 WHIPERWOOD WAY SANIBEL FL 33957				<b>10. Name and Address of New Registered Agent</b> 81 Name <u>Joe Boscov</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>635 East Gulf Dr</u> 83 84 City <u>Sanibel</u> <u>FL</u> 85 Zip Code <u>33957</u>			
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE Joseph L. Boscov  
 Signature, typed or printed name of registered agent and title if applicable

Joseph L. Boscov  
 (NOTE: Registered Agent signature required when reinstating)

4/7/99  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>DVP</u> NAME <u>WEISSBACH, JOYCE</u> STREET ADDRESS <u>5307 LADYFINGER LAKE ROAD</u> CITY-ST-ZIP <u>SANIBEL FL 33957</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <u>DVP</u> 1.2 NAME <u>Stana Fitch</u> 1.3 STREET ADDRESS <u>1059 Buttonwood Lane</u> 1.4 CITY-ST-ZIP <u>Sanibel, FL 33957</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <u>DP</u> NAME <u>ZWICK, JACK</u> STREET ADDRESS <u>PO BOX 1029 N/A</u> CITY-ST-ZIP <u>CAPTIVA FL</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <u>DP</u> 2.2 NAME <u>Winnie Donoghue</u> 2.3 STREET ADDRESS <u>1016 Fish Crows Rd.</u> 2.4 CITY-ST-ZIP <u>Sanibel, FL 33957</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>DT</u> NAME <u>ROULSTON, ALEX</u> STREET ADDRESS <u>1044 WHISPERWOOD WAY</u> CITY-ST-ZIP <u>SANIBEL FL 33957</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <u>DT</u> 3.2 NAME <u>Joe Boscov</u> 3.3 STREET ADDRESS <u>635 East Gulf Dr</u> 3.4 CITY-ST-ZIP <u>Sanibel, FL 33957</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <u>S</u> NAME <u>MCTAVISH, JOHN</u> STREET ADDRESS <u>3407 WILDWOOD LAKE CIRCLE</u> CITY-ST-ZIP <u>BONITA SPRINGS FL 34134</u> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <u>DS</u> 4.2 NAME <u>Carla Beringa</u> 4.3 STREET ADDRESS <u>5305 Umbrella Pool Rd</u> 4.4 CITY-ST-ZIP <u>Sanibel, FL 33957</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winnie Donoghue 3/11/99 941-472-0594  
 Date Daytime Phone #

CR2E037 (1/98)