

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000015342 (3)**

1. Corporation Name

GAINESVILLE ICEPLEX MANAGEMENT CORP.

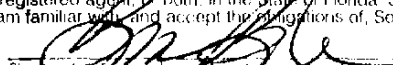
Principal Place of Business 1384 HERITAGE ACRES BOULEVARD, SUITE A ROCKLEDGE FL 32955	Mailing Address 1384 HERITAGE ACRES BOULEVARD, SUITE A ROCKLEDGE FL 32955
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3430757	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMPELAWYER CHARTERED 940 ALHAMBRA AVENUE CORAL GABLES FL 33134		81. Name BOAZ BAR-NAVON	
		82. Street Address (P.O. Box Number is Not Acceptable) 1384 HERITAGE ACRES BLVD, SUITE A	
		83.	
		84. City ROCKLEDGE FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, BOAZ	1.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD, SUITE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, ZIVA	2.2 NAME	BAR-NAVON, ZIVA
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD, SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, HAIM	3.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD, SUITE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  DATE **4/23/98** **140716902222**

CP2E034 (10/97)