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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

TITLE

NAME



ILORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1998 8:00am

Secretary of State

Change

☐ Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700015348 (0)

ICEPLEX HOLDING CORP.

Principal Place of Business Mailing Address 1384 HERITAGE ACRES BOULEVARD, SUITE A 1384 HERITAGE ACRES BOULEVARD, SUITE A ROCKLEDGE FL \$2955 ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May De 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fegs Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ·AMERILAWYER CHARTERED 343 ALMERIA AVENUE ---82 Street Addre CORAL-GABLES FL 33134 83 84 11. Pursuant to the provisions of Sections 607,0002 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 opting alone of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DFLETE Change Addition TITLE BAR-NAVON, BOAZ NAME 1.2 NAME 1384 HERITAGE ACRES BOULEVARD, SUITE A STREET ADDRESS 1.3 STREET ADDRESS CITY-\$T-ZIP **ROCKLEDGE FL 32955** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAR-NAVON, ZIVA NAME 2.2 NAME 1384 HERITAGE ACRES BOULEVARD, SUITE A STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP 2 4 CHTY-ST-ZIP TITLE Change Addition 3.1 DHUE BAR-NAVON, HAIM NAME 3.2 NAME 1384 HERITAGE ACRES BOULEVARD, SUITE A STREET ADDRESS 3.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

54 CHY-ST-ZIP

6.3 STREET ADDRESS 6.4 City-St-Zip

6.1 THLE

62 NAME

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 suppliemental 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

□ DELETE