

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90021 033 \*\*\*150.00

DOCUMENT # P97000015348

1. Corporation Name

ICEPLEX HOLDING CORP.



Principal Place of Business

~~1304 HERITAGE ACRES BOULEVARD, SUITE A~~  
ROCKLEDGE FL 32955

Mailing Address

~~1304 HERITAGE ACRES BOULEVARD, SUITE A~~  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

2. Principal Place of Business

21 720 ROY WALL BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 720 ROY WALL BLVD  
Suite, Apt. #, etc.

4. FEI Number

59-3430753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BAR-NAVON, BOAZ

~~1304 HERITAGE ACRES BLVD SUITE A~~  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

Street Address (P.O. Box Number is Not Acceptable)

720 ROY WALL BLVD

83

84

City ROCKLEDGE

FL

85 Zip Code 32955

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, 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

TITLE PTD  
NAME BAR-NAVON, BOAZ  
STREET ADDRESS ~~1304 HERITAGE ACRES BOULEVARD, SUITE A~~  
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

TITLE VSD  
NAME BAR-NAVON, ZIVA  
STREET ADDRESS ~~1304 HERITAGE ACRES BOULEVARD, SUITE A~~  
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

TITLE D  
NAME BAR-NAVON, HAIM  
STREET ADDRESS ~~1304 HERITAGE ACRES BOULEVARD, SUITE A~~  
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

720 ROY WALL BLVD  
ROCKLEDGE FL 32955

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

720 ROY WALL BLVD  
ROCKLEDGE FL 32955

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

720 ROY WALL BLVD  
ROCKLEDGE FL 32955

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAIM BAR-NAVON, DIRECTOR 4/19/99 (407) 6363432

CR2E034 (11/98)

0116160