

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

DOCUMENT # P97000015354 (8)

1. Corporation Name

DAYTONA ICEPLEX MANAGEMENT CORP.

Principal Place of Business

Mailing Address

1384 HERITAGE ACRES BOULEVARD, SUITE A  
ROCKLEDGE FL 32955

1384 HERITAGE ACRES BOULEVARD, SUITE A  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

59-3430754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Injunctible  
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

~~AMERILAWYER CHARTERED~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

BOAZ BAR-NAVON

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

1384 HERITAGE ACRES BLVD

83

84 City

ROCKLEDGE

FL

85

Zip Code

32955

11. Pursuant to the provisions of Sections 607.002 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 of person appointed registered agent not required if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/98

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME BAR-NAVON, BOAZ  
STREET ADDRESS 1384 HERITAGE ACRES BOULEVARD, SUITE A  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VSD ☐ DELETE  
NAME BAR-NAVON, ZIVA  
STREET ADDRESS 1384 HERITAGE ACRES BOULEVARD, SUITE A  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE  
NAME BAR-NAVON, HAIM  
STREET ADDRESS 1384 HERITAGE ACRES BOULEVARD, SUITE A  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D. ASS. SEC.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/23/98

4/23/98 (402)6902422

CR2E034 (10/97)