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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000015354

1. Corporation Name

DAYTONA 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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

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

2a. Mailing Address

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

City & State

23 ROCKLEDGE FL

City & State

28 ROCKLEDGE FL

Zip

24 32955

Country

25

Zip

29 32955

Country

30

9. Name and Address of Current Registered Agent

BAR-NAVON, BOAZ

~~1384 HERITAGE ACRES BLVD~~
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

82 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 1384 HERITAGE ACRES BOULEVARD, SUITE A
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

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

☐ DELETE

TITLE DAS
NAME BAR-NAVON, HAIM
STREET ADDRESS 1384 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 ☐ 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

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, with all other like empowered.

SIGNATURE:

BAR-NAVON, HAIM, DIRECTOR

4/29/99

(407) 636-3432

CR2E034 (11/98)