


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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90136 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000045869**

1. Corporation Name  
**ORLANDO 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  
**05/21/1998**

2. Principal Place of Business 2a. Mailing Address

21 **720 ROY WALL BLVD.** 26 **720 ROY WALL BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **R** 27 **R**

City & State City & State

23 **ROCKLEDGE FL** 28 **ROCKLEDGE FL**

Zip Country Zip Country

24 **32955** 25 **USA** 29 **32955** 30 **USA**

4. FEI Number Applied For

**59-3516282** 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

9. Name and Address of Current Registered Agent

**AMERILAWYER  
 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)  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BAR-NAVON, BOAZ	
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	BAR-NAVON, ZIVA	
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAR-NAVON, HAIM	
STREET ADDRESS	1384 HERITAGE ACRES BOULEVARD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>720 ROY WALL BLVD</b>
1.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: \_\_\_\_\_ Date **3/10/99** Daytime Phone # **407-504-7500**

CR2E034 (1/98)