

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90136 019 ***150.00

DOCUMENT # P98000045869

1. Corporation Name
ORLANDO ICEPLEX MANAGEMENT CORP.



Principal Place of Business Mailing Address
~~1384 HERITAGE ACRES BOULEVARD~~ ~~1384 HERITAGE ACRES BOULEVARD~~
~~SUITE A~~ ~~SUITE A~~
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/21/1998
4. FEI Number 59-3516282 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

(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	<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	720 ROY WALL BLVD
1.4 CITY-ST-ZIP	ROCKLEDGE FL 32955
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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99

407-564-7500

CR2E034 (1/98)