


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
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DOCUMENT # P98000045869

1. Corporation Name
ORLANDO 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1998

21. Principal Place of Business 720 ROY WALL BLVD.	2a. Mailing Address 720 ROY WALL BLVD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. r
23. City & State ROCKLEDGE FL	28. City & State ROCKLEDGE FL
24. Zip 32955	29. Zip 32955
25. Country USA	30. Country USA

4. FEI Number 59-3516282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. City ROCKLEDGE
84. State 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 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)(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)