


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014149 (7)

1. Corporation Name
ELYSIUM INC.

Principal Place of Business
4728 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

Mailing Address
362 GULF BREEZE PKWY
SUITE 319
GULF BREEZE FL 32561
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	4728 GULF BREEZE PKWY	02/15/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3164110	
City & State		City & State		5. Certificate of Status Desired	
23		28	GULF BREEZE FL	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24		29	32561 US	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
ODENBRETT, DIANA MARIE				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3053 RACHETTE SQUARE				10. Name and Address of New Registered Agent	
GULF BREEZE FL 32561					

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ODENBRETT, VINCENT D	1.2 NAME	
STREET ADDRESS	3053 RANCHETTE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, ALLEN R	2.2 NAME	
STREET ADDRESS	600 SCENIC HWY #107	2.3 STREET ADDRESS	1039 AQUAMARINE DR.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, VONNIE L	3.2 NAME	
STREET ADDRESS	600 SCENIC HWY #107	3.3 STREET ADDRESS	1039 AQUAMARINE DR.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODENBRETT, DIANA M	4.2 NAME	
STREET ADDRESS	3053 RANCHETTE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

 1-9-98 850932 7998

CR2E034 (10/97)