

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000014149

1. Corporation Name  
ELYSIUM INC.

## Principal Place of Business

4728 GULF BREEZE PKWY  
GULF BREEZE FL 32561  
US

## Mailing Address

4728 GULF BREEZE PKWY  
SUITE 319  
GULF BREEZE FL 32561  
US

FILED

99 JAN 15 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/15/19934. FEI Number  
59-3164110Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

ODENBRETT, DIANA MARIE  
3053 RANCHETTE SQUARE  
GULF BREEZE FL 32561

## 10. Name and Address of New Registered Agent

81 Name Odenbrett, Vincent D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3053 Ranchette Square  
83  
84 City Gulf Breeze FL 85 Zip Code 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 *Vincent D. Odenbrett*  
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	P	<input type="checkbox"/> DELETE
NAME	ODENBRETT, VINCENT D	
STREET ADDRESS	3053 RANCHETTE SQUARE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGERON, ALLEN R	
STREET ADDRESS	1039 AQUAMARINE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BERGERON, VONNIE L	
STREET ADDRESS	1039 AQUAMARINE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ODENBRETT, DIANA M	
STREET ADDRESS	3053 RANCHETTE SQUARE	
CITY-ST-ZIP	GULF BREEZE FL	
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	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Odenbrett, Vincent D.	
1.3 STREET ADDRESS	3053 Ranchette Square	
1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
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	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Odenbrett, Michael J.	
5.3 STREET ADDRESS	1404 Greenvista Lane	
5.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
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 as an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 1999

850-932-7998