

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000076501 (1)

1. Corporation Name

ELYSIUM GAME COMPANY

Principal Place of Business

3324 ELCAM BOULEVARD  
PORT CHARLOTTE FL 33952

Mailing Address

3324 ELCAM BOULEVARD  
PORT CHARLOTTE FL 33952-6659

2. Principal Place of Business

21 3815-B Tamiami Trail

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23 Port Charlotte, FL

Zip 33952

Country U.S.A.

27 City & State

28

Zip

Country

3. Date Incorporated or Qualified  
09/13/1996

3a. Date of Last Report

4. FEI Number

65-0706954

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

KADERA, DENNIS  
3324 ELCAM BOULEVARD  
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	Dennis Kadera	
		1.3 STREET ADDRESS	3324 ELCAM Blvd	
		1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	NAME	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

14. I do 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: *Sandra B. Mortham*

CR2E034 (9/96)