


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 021 \*\*\*150.00

<b>DOCUMENT # P03000085859</b>	
1. Entity Name ART FUSION, INC.	

Principal Place of Business 4772 NW 5TH COURT COCONUT CREEK, FL 33063	Mailing Address 4772 NW 5TH COURT COCONUT CREEK, FL 33063
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54059830

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07012004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0702401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SUSANJ, MARIAN 4772 NW 5TH COURT COCONUT CREEK, FL 33063	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSANJ, MARIAN 4772 NW 5TH COURT COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSANJ, DANA 4772 NW 5TH COURT COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marian Susanj  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04  
Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

54059830

Attachment

Doc. # P03000085859

## NOTICE OF INTENT TO DISSOLVE

0048763 01 AV 0.176 \*\*AUTO T7 1.1203 33063-673972



ART FUSION, INC.  
4772 NW 5TH COURT  
COCONUT CREEK FL 33063-6739

### To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P03000085859

Mail Report to:

ART FUSION, INC.  
4772 NW 5TH COURT  
COCONUT CREEK FL 33063-6739

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\_\_\_\_\_  
\_\_\_\_\_



CR2E095 4/04

## IMPORTANT NOTICE

This will serve as your 60-day notice that the business annual report for this postcard will be administrative, dissolved, or worked at. An additional remittance fee will be due in the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Visit our website at [www.sunbiz.org](http://www.sunbiz.org) for fee information.

Attachment  
Ar. # P0300008559  
54059830

### OPTION 1 - **File Online** (recommended)



- Visit [www.sunbiz.org](http://www.sunbiz.org). It's faster and easier!
  - Available 24 hours a day, 7 days a week
  - Mastercard, Visa or American Express accepted
- Free public access to the Internet is available at your local public library.

### OPTION 2 - **Submit form and check by mail**



- Immediately download preprinted form from [www.sunbiz.org](http://www.sunbiz.org).
  - No credit card information required
- OR
- Return attached postcard to receive form by mail
  - Allow 10-14 business days for delivery



PLACE  
PROPER  
POSTAGE  
HERE  
BEFORE  
MAILING

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198



Attachment 54057830  
Dr. #13000085857

Art Fusion, Inc.  
4772 NW 5<sup>th</sup> Court  
Coconut Creek, FL 33063  
July 2<sup>nd</sup>, 2004

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

To Whom It May Concern:

I am writing on behalf of the postcard I received stating "Notice of Intent to Dissolve". The annual corporation report was never received for reasons I am unsure of. Enclosed is my check for \$150 which would have been paid before May 1<sup>st</sup> had I received the report at the correct time. I am hoping the late fee will be waived due to this unfortunate occurrence. Thank you for your cooperation concerning this matter.

Sincerely yours,

*Marian Susanj*

Marian Susanj  
President of Art Fusion, Inc.