

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000142682

1. Entity Name
FUSION SYSTEM SOLUTIONS INC.



Principal Place of Business
**1401 S. OCEAN BLVD.,
SUITE #802
POMPANO BEACH, FL 33062**

Mailing Address
**1401 S. OCEAN BLVD.
SUITE #802
POMPANO BEACH, FL 33062**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5978110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROUT, WAYNE
1401 S. OCEAN BLVD.
SUITE #802
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR TROUT, WAYNE 1401 S. OCEAN BLVD., SUITE #802 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR NOWAK, RICHARD T 111 N. POMPANO BEACH BLVD., SUITE #905 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES NOWAK, RICHARD T 111 N. POMPANO BEACH BLVD., SUITE #905 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TROUT, WAYNE 1401 S. OCEAN BLVD., SUITE #802 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC TROUT, WAYNE 1401 S. OCEAN BLVD., SUITE #802 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000318914
05/13/08-80102-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Wayne Trout **WAYNE TROUT**

4-22-08

954-941-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #