

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000098026 (4)**

1. Corporation Name  
**FUSION INFORMATION TECHNOLOGIES, INC.**



Principal Place of Business  
**11414 ZENITH CIRCLE  
TAMPA FL 33635**

Mailing Address  
**11414 ZENITH CIRCLE  
TAMPA FL 33635-1528**

3. Date Incorporated or Qualified  
**01/01/1996**

3a. Date of Last Report

4. FEI Number  
**59 3349886**

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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address  
**P.O. Box 24973**

27. Suite, Apt. #, etc.

28. City & State  
**Tampa FL**

29. Zip Country  
**33622 US**

9. Name and Address of Current Registered Agent  
**FULLER, JOHN R  
11414 ZENITH CIRCLE  
TAMPA FL 33635**

10. Name and Address of New Registered Agent

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	Treasurer / Secretary	<input type="checkbox"/> DELETE
NAME	John R. Fuller	
STREET ADDRESS	11414 ZENITH CIRCLE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	S MIKE J. MCKENNA	<input type="checkbox"/> DELETE
NAME	MIKE J. MCKENNA	
STREET ADDRESS	103 FOREST CIRCLE	
CITY-ST-ZIP	SAFETY HARBOR FL 34645	
TITLE	P STEVEN T. BOOTH	<input checked="" type="checkbox"/> DELETE
NAME	STEVEN T. BOOTH	
STREET ADDRESS	1019 Union St.	
CITY-ST-ZIP	CLEARWATER FL 34615	
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	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John R. Fuller	
1.3 STREET ADDRESS	11414 ZENITH CIRCLE	
1.4 CITY-ST-ZIP	TAMPA FL 33635	
2.1 TITLE	P MIKE J. MCKENNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE J. MCKENNA	
2.3 STREET ADDRESS	1306 Bellechase Cir.	
2.4 CITY-ST-ZIP	Tampa FL 33634	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 in an attachment with an address

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

CR2E034 (9/96)