

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:41

DOCUMENT # **P92000010370 (4)**

1. Corporation Name
M4 SOLUTIONS, INC.

Principal Place of Business
**3815 N US HWY. 1, SUITE 118
COCOA FL 32926-5949**

Mailing Address
**3815 N US HWY. 1, SUITE 118
COCOA FL 32926-5949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1992** 3a. Date of Last Report **02/23/1994**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 County

29 Zip 30 County

4. FEI Number **59-2735743** Applied For Not Applicable

5. Certificate of State Report **\$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

10. Name and Address of New Registered Agent

**MORIN, ALAN M
3815 N US HWY 1, SUITE 118
COCOA FL 32926-5949**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 207.032 and 207.033, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent or registered agent, or both, to 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 207.0305, Florida Statutes.

SIGNATURE *[Signature]* **ALAN M. MORIN** *[Signature]* **26 JAN 95**
(Signature typed or printed name of registered agent) (Typed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|-----------------------------------|
| TITLE | D |
| NAME | EBENEZER, DUKE R |
| STREET ADDRESS | LYON WAY, FRIMLEY RD |
| CITY-ST-ZIP | CAMBERLY SURREY GU16 5ET |
| TITLE | D |
| NAME | HUNTINGDON, DAVID C |
| STREET ADDRESS | LYON WAY, FRIMLEY RD |
| CITY-ST-ZIP | CAMBERLY SURREY GU16 5ET |
| TITLE | D |
| NAME | HUNT, NIGEL L |
| STREET ADDRESS | LYON WAY, FRIMLEY RD |
| CITY-ST-ZIP | CAMBERLY SURREY GU16 5ET |
| TITLE | D |
| NAME | MORIN, ALAN M |
| STREET ADDRESS | 8815 N US HWY 1, SUITE 118 |
| CITY-ST-ZIP | COCOA FL 32926-5949 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <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 is voluntarily furnished and claims not equally for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, I am, and consent with my address:

SIGNATURE: *[Signature]* **ALAN M. MORIN**
(Signature typed or printed name of signing officer or director)

06 FEB 95 **4076396487**
Date Filed Reference Number