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FILED

**Apr 25 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 # P92000010370 (4)

1. Corporation Name
M4 SOLUTIONS, INC.



Principal Place of Business
**4451 ENTERPRISE CT
SUITE B
MELBOURNE FL 32934
US**

Mailing Address
**4451 ENTERPRISE CT
SUITE B
MELBOURNE FL 32934-9228
US**

3. Date Incorporated or Qualified **12/07/1992** 3a. Date of Last Report **02/05/1996**

4. FEI Number **59-2735743** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**MORIN, ALAN M
3815 N US HWY 1, SUITE 118
COCOA FL 32926-5949**

10. Name and Address of New Registered Agent

81 Name **MORIN ALAN M**

82 Street Address (P.O. Box Number is Not Acceptable)
4451 ENTERPRISE COURT

83 **SUITE B**

84 City **MELBOURNE** FL 85 Zip Code **32934-9228**

11. Pursuant to the provisions of Sections 607.0592 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]* **AM MORIN** 04/97.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EBENEZER, DUKE R	
STREET ADDRESS	LYON WAY, FRIMLEY RD	
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTINGDON, DAVID C	
STREET ADDRESS	LYON WAY, FRIMLEY RD	
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, NIGEL L	
STREET ADDRESS	LYON WAY, FRIMLEY RD	
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORIN, ALAN M	
STREET ADDRESS	3815 N US HWY 1, SUITE 118	
CITY-ST-ZIP	COCOA FL 32926-5949	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EBENEZER DUKE R	
1.3 STREET ADDRESS	LYON WAY, FRIMLEY ROAD	
1.4 CITY-ST-ZIP	CAMBERLEY, SURREY GU16 5ET	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUNTINGDON DAVID C	
2.3 STREET ADDRESS	LYON WAY, FRIMLEY ROAD	
2.4 CITY-ST-ZIP	CAMBERLEY, SURREY GU16 5ET	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUNT NIGEL L	
3.3 STREET ADDRESS	LYON WAY, FRIMLEY ROAD	
3.4 CITY-ST-ZIP	CAMBERLEY, SURREY GU16 5ET	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORIN ALAN M	
4.3 STREET ADDRESS	4451-B ENTERPRISE COURT	
4.4 CITY-ST-ZIP	MELBOURNE FLORIDA 32934-9228	
5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WELLS PETER G	
5.3 STREET ADDRESS	LYON WAY, FRIMLEY ROAD	
5.4 CITY-ST-ZIP	CAMBERLEY, SURREY GU16 5ET	
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 on an attachment with an address.

SIGNATURE: *[Signature]* 04/97

CR2E034 (9/96)