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 # J40691 (4)

1. Corporation Name
M4 DATA, INC.

Principal Place of Business	Mailing Address
3815 N US HWY 1 BLDG 118 COCOA FL 32926	3815 N US HWY 1 BLDG 118 COCOA FL 32926

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

MORIN, ALAN M
3815 N US 1 BLDG 118
COCOA FL 32926

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] ALAN M. MORIN T 20 JAN 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	EBENEZER, DUKE R.	12 NAME		
STREET ADDRESS	HORNSEY, BACK LN	13 STREET ADDRESS		
CITY-ST-ZIP	WESTBURYSUBMENDIP, UK	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HUNTINGDON, DAVID C.	22 NAME		
STREET ADDRESS	68 SEA VIEW ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	HAYLING ISLAND, UK	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	HUNT, NIGEL L.	32 NAME		
STREET ADDRESS	18 GARDEN CLOSE	33 STREET ADDRESS		
CITY-ST-ZIP	HOOK, HAMPSHIRE, UK	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	ALAN M. MORIN, T	☒ Change ☐ Addition
NAME	MORIN, ALAN M.	42 NAME		
STREET ADDRESS	~~BAG END~~	43 STREET ADDRESS	3815 N. U.S. Hwy 1, STE 118	
CITY-ST-ZIP	~~SHADY VALLEY TN~~	44 CITY-ST-ZIP	COCOA, FLORIDA 32926	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	POOLE, WILLIAM M.	52 NAME		
STREET ADDRESS	233 PEACHTREE ST., #1400	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above with an address.

SIGNATURE: [signature] ALAN M. MORIN 2/20/95 407 659 6487
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0073374 CP