FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **11/03/1986**
3a. Date of Last Report: **02/21/1995**

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 Street Address: 4451 Enterprise CT	26 Street Address: 4451 Enterprise CT
22 Suite, Apt. #, etc.: Suite B	27 Suite, Apt. #, etc.: Suite B
23 City & State: Melbourne, FL	28 City & State: Melbourne, FL
24 Zip: 32934	29 Zip: 32934
25 Country: USA	30 Country: USA

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 (Required when reinstating or changing registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EBENEZER, DUKE R.		1.2 NAME	
STREET ADDRESS	HORNSEY, BACK LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURYSUBMENDIP, UK		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUNTINGDON, DAVID C.		2.2 NAME	
STREET ADDRESS	68 SEA VIEW ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	HAYLING ISLAND, UK		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, NIGEL L.		3.2 NAME	
STREET ADDRESS	18 GARDEN CLOSE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOOK, HAMPSHIRE, UK		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORIN, ALAN M.		4.2 NAME	
STREET ADDRESS	3815 N. US HWY 1, STE 118		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POOLE, WILLIAM M.		5.2 NAME	
STREET ADDRESS	233 PEACHTREE ST., #1400		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(k), 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 I am attaching it with an address.

SIGNATURE: ALAN M MORIN 30 JAN 96 407 255-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)