

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

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 # J40691 (4)

1. Corporation Name  
M4 DATA, INC.



Principal Place of Business  
4451 ENTERPRISE CT  
SUITE B  
MELBOURNE FL 32834  
US

Mailing Address  
4451 ENTERPRISE CT  
SUITE B  
MELBOURNE FL 32834-9228  
US

3. Date Incorporated or Qualified  
11/03/1986

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
MORIN, ALAN M  
3815 N US 1 BLDG 118  
COCOA FL 32928

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 607.0502 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]* AM MORIN 04/1/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EBENEZER, DUKE R. HORNSEY, BACK LN WESTBURY SUBMENDIP, UK <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD EBENEZER DUKE R LYON WAY, FRIMLEY ROAD CAMBERLEY, SURREY GU16 5ET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNTINGDON, DAVID C. 68 SEA VIEW ROAD HAYLING ISLAND, UK <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD HUNTINGDON DAVID C LYON WAY, FRIMLEY ROAD CAMBERLEY, SURREY GU16 5ET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUNT, NIGEL L. 18 GARDEN CLOSE HOOK, HAMPSHIRE, UK <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VD HUNT NIGEL L LYON WAY, FRIMLEY ROAD CAMBERLEY, SURREY GU16 5ET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORIN, ALAN M. 3815 N. US HWY 1, STE 118 COCOA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T MORIN ALAN M 4451-B ENTERPRISE COURT MELBOURNE FLORIDA 32934-9228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POOLE, WILLIAM M. 233 PEACHTREE ST., #1400 ATLANTA GA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ST WELLS PETER G LYON WAY, FRIMLEY ROAD CAMBERLEY SURREY GU16 5ET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/97 (407) 255 0666  
Date Daytime Phone #

0108374

CR2E034 (9/96)