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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90179 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J40691

1. Corporation Name
M4 DATA, INC.



Principal Place of Business

**4451 ENTERPRISE CT
SUITE B
MELBOURNE FL 32934
US**

Mailing Address

**4451 ENTERPRISE CT
SUITE B
MELBOURNE FL 32934
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

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 owes the current year Intangible
Personal Property Tax. ☐ 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
4451 ENTERPRISE COURT
SUITE B
MELBOURNE FL 32934-9228**

10. Name and Address of New Registered Agent

81 Name **KORTE, JEFFREY**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **EBENEZER, DUKE R.**
STREET ADDRESS **LYON WAY FRIMLEY RD**
CITY-ST-ZIP **CAMBERLEY SU**

TITLE **VD** ☐ DELETE
NAME **HUNTINGDON, DAVID C.**
STREET ADDRESS **LYON WAY FRIMLEY RD**
CITY-ST-ZIP **CAMBERLEY SU**

TITLE **VD** ☐ DELETE
NAME **HUNT, NIGEL L.**
STREET ADDRESS **LYON WAY FRIMLEY RD**
CITY-ST-ZIP **CAMBERLEY SU**

TITLE **T** ☒ DELETE
NAME **MORIN, ALAN M.**
STREET ADDRESS **4451-B ENTERPRISE COURT**
CITY-ST-ZIP **MELBOURNE FL 28**

TITLE **ST** ☐ DELETE
NAME **WELLS, PETER G**
STREET ADDRESS **LYON WAY FRIMLEY RD**
CITY-ST-ZIP **CAMBERLEY SU**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF PETER G. WELLS

4/21/99

(407)-255-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)