

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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.**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified **11/03/1986** 3a. Date of Last Report **02/23/1994**  
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 28 Country  
24 Zip 25 Country 29 Zip 30 Country

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 607.0503, Florida Statutes.

SIGNATURE *Alan M. Morin* **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 reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EBENEZER, DUKE R.
STREET ADDRESS	HORNSEY, BACK LN
CITY- ST- ZIP	WESTBURYSUBMENDIP, UK
TITLE	VD
NAME	HUNTINGDON, DAVID C.
STREET ADDRESS	68 SEA VIEW ROAD
CITY- ST- ZIP	HAYLING ISLAND, UK
TITLE	ST
NAME	HUNT, NIGEL L.
STREET ADDRESS	18 GARDEN CLOSE
CITY- ST- ZIP	HOOK, HAMPSHIRE, UK
TITLE	T
NAME	MORIN, ALAN M.
STREET ADDRESS	BAG-END
CITY- ST- ZIP	SHADY VALLEY TN
TITLE	S
NAME	POOLE, WILLIAM M.
STREET ADDRESS	233 PEACHTREE ST., #1400
CITY- ST- ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALAN M. MORIN, T
4.3 STREET ADDRESS	3815 N. U.S. HWY 1, STE 118
4.4 CITY- ST- ZIP	COCOA FLORIDA 32926
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 block is voluntarily submitted and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report as an officer or director with an address.

SIGNATURE: *Alan M. Morin* **ALAN M. MORIN** **02 FEB 95** **197 631 647**  
(Signature and typed or printed name of signing officer or director) (Date) (Division Office #)