

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J40691 (4)

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/03/1986	
4. FEI Number 59-2735743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's name required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EBENEZER, DUKE R.	
STREET ADDRESS	LYON WAY FRIMLEY RD	
CITY-ST-ZIP	CAMBERLEY SU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUNTINGDON, DAVID C.	
STREET ADDRESS	LYON WAY FRIMLEY RD	
CITY-ST-ZIP	CAMBERLEY SU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUNT, NIGEL L.	
STREET ADDRESS	LYON WAY FRIMLEY RD	
CITY-ST-ZIP	CAMBERLEY SU	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORIN, ALAN M.	
STREET ADDRESS	4451-B ENTERPRISE COURT	
CITY-ST-ZIP	MELBOURNE FL 28	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WELLS, PETER G	
STREET ADDRESS	LYON WAY FRIMLEY RD	
CITY-ST-ZIP	CAMBERLEY SU	
TITLE		<input type="checkbox"/> DELETE

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 does not appear with an address

SIGNATURE _____ DATE _____

CR2E034 (10/97)