

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:41

DOCUMENT # P92000010370 (4)

1. Corporation Name
M4 SOLUTIONS, INC.

Principal Place of Business Mailing Address
3815 N US HWY. 1, SUITE 118 3815 N US HWY. 1, SUITE 118
COCOA FL 32926-5949 COCOA FL 32926-5949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1992 3a. Date of Last Report 02/23/1994
4. FEI Number 59-2735743 Applied For Not Applicable
5. Certificate of State Report \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MORIN, ALAN M
3815 N US HWY 1, SUITE 118
COCO A FL 32926-5949

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 207.052 and 207.053, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, to 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 207.0505, Florida Statutes.

SIGNATURE *[Signature]* ALAN M. MORIN D 26 JAN 95
Date of Signature (Type or printed name of registered agent or officer of corporation) (Type or printed name of registered agent or officer of corporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EBENEZER, DUKE R
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D
NAME	HUNTINGDON, DAVID C
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D
NAME	HUNT, NIGEL L
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY-ST-ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D
NAME	MORIN, ALAN M
STREET ADDRESS	8815 N US HWY 1, SUITE 118
CITY-ST-ZIP	COCOA FL 32926-5949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not equally for the exemption stated in Section 199.03(6), 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. If I am an officer or director of the corporation or the registered agent, I am authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, and in an affidavit with an address.

SIGNATURE: *[Signature]* ALAN M. MORIN
Type or printed name of signing officer or director

06 FEB 95 4076396487
Date Time