

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000010370 (4)**

1. Corporation Name
M4 SOLUTIONS, INC.



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

3. Date Incorporated or Qualified: **12/07/1992** 3a. Date of Last Report: **02/21/1995**
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: **4451 Enterprise Ct** 2a. Mailing Address: **4451 Enterprise Ct**
Suite, Apt. #, etc.: **Suite B** Suite, Apt. #, etc.: **Suite B**
City & State: **Melbourne, FL** City & State: **Melbourne, FL**
Zip: **32934** Country: **USA** Zip: **32934** Country: **USA**

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

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	EBENEZER, DUKE R
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY- ST- ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D <input type="checkbox"/> DELETE
NAME	HUNTINGDON, DAVID C
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY- ST- ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D <input type="checkbox"/> DELETE
NAME	HUNT, NIGEL L
STREET ADDRESS	LYON WAY, FRIMLEY RD
CITY- ST- ZIP	CAMBERLY SURREY GU16 5ET
TITLE	D <input type="checkbox"/> DELETE
NAME	MORIN, ALAN M
STREET ADDRESS	3815 N US HWY 1, SUITE 118
CITY- ST- ZIP	COCOA FL 32926-5949
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Alan M. Morin* **ALAN M. MORIN** 30 JAN 96 407 255-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)