

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

Mailing Address  
**4451 ENTERPRISE CT SUITE B MELBOURNE FL 32934-9228 US**

3. Date Incorporated or Qualified **12/07/1992** 3a. Date of Last Report **02/05/1996**

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 Country 28 Zip Country

24 25 29 30

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 **MORIN ALAN M**

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 607.0592 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]* **AM MORIN** 04/97.  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EBENEZER, DUKE R</b>	
STREET ADDRESS	<b>LYON WAY, FRIMLEY RD</b>	
CITY-ST-ZIP	<b>CAMBERLY SURREY GU16 5ET</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNTINGDON, DAVID C</b>	
STREET ADDRESS	<b>LYON WAY, FRIMLEY RD</b>	
CITY-ST-ZIP	<b>CAMBERLY SURREY GU16 5ET</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNT, NIGEL L</b>	
STREET ADDRESS	<b>LYON WAY, FRIMLEY RD</b>	
CITY-ST-ZIP	<b>CAMBERLY SURREY GU16 5ET</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORIN, ALAN M</b>	
STREET ADDRESS	<b>3815 N US HWY 1, SUITE 118</b>	
CITY-ST-ZIP	<b>COCOA FL 32926-5949</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EBENEZER DUKE R</b>	
1.3 STREET ADDRESS	<b>LYON WAY, FRIMLEY ROAD</b>	
1.4 CITY-ST-ZIP	<b>CAMBERLEY, SURREY GU16 5ET</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HUNTINGDON DAVID C</b>	
2.3 STREET ADDRESS	<b>LYON WAY, FRIMLEY ROAD</b>	
2.4 CITY-ST-ZIP	<b>CAMBERLEY, SURREY GU16 5ET</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HUNT NIGEL L</b>	
3.3 STREET ADDRESS	<b>LYON WAY, FRIMLEY ROAD</b>	
3.4 CITY-ST-ZIP	<b>CAMBERLEY, SURREY GU16 5ET</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MORIN ALAN M</b>	
4.3 STREET ADDRESS	<b>4451-B ENTERPRISE COURT</b>	
4.4 CITY-ST-ZIP	<b>MELBOURNE FLORIDA 32934-9228</b>	
5.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WELLS PETER G</b>	
5.3 STREET ADDRESS	<b>LYON WAY, FRIMLEY ROAD</b>	
5.4 CITY-ST-ZIP	<b>CAMBERLEY, SURREY GU16 5ET</b>	
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 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.

SIGNATURE: *[Signature]* 04/97

CR2E034 (9/96)