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Apr 03 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 # P94000045801 (5)
 1. Corporation Name
 1194 CORP.

Principal Place of Business: _____ Mailing Address: _____

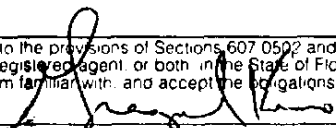
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1994

2. Principal Place of Business 21 1037 COUNTRY CLUB DRIVE Suite, Apt #, etc	2a. Mailing Address 26 1037 COUNTRY CLUB DRIVE Suite, Apt #, etc	4. FEI Number 65-0503432 Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 N. PALM BEACH, FL	27 City & State 28 N. PALM BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33408 25 Country USA	29 Zip 33408 30 Country USA	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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURRAY, DICKRON E. 1037 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408				81 Name	GREGORY S. KINO, ESQUIRE		
				82 Street Address (P.O. Box Number is Not Acceptable)	515 NORTH FLAGLER DRIVE		
				83	SUITE 1800		
				84 City	WEST PALM BEACH	85 State	FL

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:  ; **Gregory S. Kino, Registered Agent** **March 25, 1998**

Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DICKRON E.	1.2 NAME	MURRAY, DICKRON E.	1.2 NAME	MURRAY, DICKRON E.	1.2 NAME	MURRAY, DICKRON E.
STREET ADDRESS	1037 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	1037 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	1037 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE		2.1 TITLE		2.1 TITLE	
NAME	MURRAY, MARJORIE L.	2.2 NAME		2.2 NAME		2.2 NAME	
STREET ADDRESS	1037 COUNTRY CLUB DRIVE	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, C.R.	3.2 NAME	WILSON, C.R.	3.2 NAME	WILSON, C.R.	3.2 NAME	WILSON, C.R.
STREET ADDRESS	2399 SOUTH SHORE DRIVE	3.3 STREET ADDRESS	2399 SOUTH SHORE DRIVE	3.3 STREET ADDRESS	2399 SOUTH SHORE DRIVE	3.3 STREET ADDRESS	2399 SOUTH SHORE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE		4.1 TITLE		4.1 TITLE	
NAME	WILSON, EDWARD	4.2 NAME		4.2 NAME		4.2 NAME	
STREET ADDRESS	5700 CORDOVA, SUITE 303	4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		5.1 TITLE		5.1 TITLE	
NAME		5.2 NAME		5.2 NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME		6.2 NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		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)(c), 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 of 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 in an attachment with an address.

SIGNATURE:  ; **Dickron E. Murray, President** **3/26/98 (561)650-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)