

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:39

DOCUMENT # **P94000045801 (5)**

1. Corporation Name
1194 CORP.

Principal Place of Business Mailing Address
1037 COUNTRY CLUB DRIVE N. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report
4. FCI Number 65-050 3432	Applied For 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 has liability for intangible tax under S. 193(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MURRAY, DICKRON E
1037 COUNTRY CLUB DRIVE
N. PALM BEACH FL 33408

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 607.0509, Florida Statutes.

SIGNATURE _____
Signature of person named as registered agent and the corporation. (If the registered agent is not named above, see below.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURRAY, DICKRON E
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY ST. ZIP	N. PALM BEACH FL 33408
TITLE	D
NAME	MURRAY, MARJORIE L
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY ST. ZIP	N. PALM BEACH FL 33408
TITLE	D
NAME	WILSON, C.R.
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY ST. ZIP	N. PALM BEACH FL 33408
TITLE	D
NAME	WILSON, EDWARD
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY ST. ZIP	N. PALM BEACH FL 33408
TITLE	D
NAME	MURRAY, DAVID
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY ST. ZIP	N. PALM BEACH FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY ST. ZIP	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	2399 S. Shore Dr.
13.8 CITY ST. ZIP	Palm Beach Gardens FL 33410
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	5700 Cordova Suite 303
13.12 CITY ST. ZIP	Ft. Lauderdale FL
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY ST. ZIP	

14. The filer certifies that the information supplied with this filing is voluntarily furnished and correct, that equally for the exemption stated in Section 19(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or any optional annual report is true and correct 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 true owner or beneficial possessor to whom this report is required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED FULLY PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

1/8/95 407-881-0700