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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

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. 22
City & State 23 N. PALM BEACH, FL
Zip 24 33408 Country 25 USA

2a. Mailing Address
26 1037 COUNTRY CLUB DRIVE
Suite, Apt. #, etc. 27
City & State 28 N. PALM BEACH, FL
Zip 29 33408 Country 30 USA

4. FEI Number
65-0503432
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **FL** 85 Zip Code: 33401

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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, DICKRON E. 1037 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD MURRAY, DICKRON E. 1037 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, MARJORIE L. 1037 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, C.R. 2399 SOUTH SHORE DRIVE PALM BEACH GARDENS, FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD WILSON, C.R. 2399 SOUTH SHORE DRIVE PALM BEACH GARDENS, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, EDWARD 5700 CORDOVA, SUITE 303 FORT LAUDERDALE, FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	100002478701 -04/03/98--01063--042 ***150.00	☐ Change ☐ Addition

14. I 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: _____ ; Dickron E. Murray, President 3/26/98 (561)650-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (10/97)