

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045801

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90052 031 ***150.00

0287670

1. Entity Name
1194 CORP.

Principal Place of Business
**1037 COUNTRY CLUB DRIVE
 N. PALM BEACH FL 33408-US**

Mailing Address
**1037 COUNTRY CLUB DRIVE
 N. PALM BEACH FL 33408-US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0503432**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINO, GREGORY S ESQ
 515 NORTH FLAGLER DRIVE
 SUITE 1800
 WEST PALM BEACH FL 33401**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURRAY, DICKRON E	
STREET ADDRESS	1037 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, MARJORIE L	
STREET ADDRESS	1037 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, C.R.	
STREET ADDRESS	2399 S. SHORE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, EDWARD	
STREET ADDRESS	5700 CORDOVA SUITE 303	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Murray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 561 822 4207
 Daytime Phone #

CR2E034 (10/00)