


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000045801**

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
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0503432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000138945  
 04/29/04-80100-024-150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* Date: 4/29/04 Daytime Phone #: 561 805 8121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR