

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **339454** (1)

1. Corporation Name
6823 CORPORATION



Principal Place of Business: **6823 N OCEAN BLVD OCEAN RIDGE FL 33435**
Mailing Address: **6823 N OCEAN BLVD OCEAN RIDGE FL 33435**

3. Date Incorporated or Qualified: **12/31/1968**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-1320328**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SCRUTON, ROBERT T FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE, FL
33435

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Mary Lou Farr* DATE: **5/16/96**

12. OFFICERS AND DIRECTORS

TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	SCRUTON, ROBERT T	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	DK VP	<input type="checkbox"/> DELETE
NAME	CUTTING, JOHN	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALENTINE, HENRY	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEEER, NORMAN	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S and AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Lou FARR	
1.3 STREET ADDRESS	6849 N. Ocean Blvd.	
1.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PERKINS, JOHN	
4.3 STREET ADDRESS	6849 N. Ocean Blvd.	
4.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mary Lou Farr* DATE: **5/16/96** TELEPHONE: **407-737-6770**

CR2E034 (12/95)