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Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 339454

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1320328	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE FL 33435				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: Mary Lou Farr DATE: 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SAT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, MARY LOU		1.2 NAME		
STREET ADDRESS	6849 N. OCEAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CATTING, JOHN		2.2 NAME	Daston, Mrs Donald	
STREET ADDRESS	6849 N OCEAN BLVD		2.3 STREET ADDRESS	6849 N. Ocean Blvd	
CITY-ST-ZIP	OCEAN RIDGE FL 33435		2.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	SAT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, MARY LOU		3.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERKINS, JOHN		4.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL 33435		4.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEERE, NORMAN		5.2 NAME		
STREET ADDRESS	6849 N. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Mary Lou Farr DATE: 1/4/99 DAYTIME PHONE #: 561-737-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)