

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 8:45

DOCUMENT # H70611 (9)
1. Corporation Name
HACIENDA DEVELOPMENT CORP.

Principal Place of Business Mailing Address
287 CLUB RIO EDGEWATER FL 32141-7262 **287 CLUB RIO EDGEWATER FL 32141-7262**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1985** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2571374** 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**
6. This corporation has liability for intangible tax under s. 199.012 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**OSWALD, KENNETH F.
600 COURTLAND ST
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature typed in printed name of registered agent and the # representative. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PC
NAME	WALLSCHLAEGER, MARK A.
STREET ADDRESS	440 QUAY ASSISI
CITY - ST - ZIP	NEW SMYRNA FL
TITLE	VD
NAME	WALLSCHLAEGER, KEVIN S.
STREET ADDRESS	1912 S RIVERSIDE DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	TD
NAME	WALLSCHLAEGER, STEVEN M.
STREET ADDRESS	1514 ROYAL PALM DR.
CITY - ST - ZIP	EDGEWATER FL
TITLE	SD
NAME	WALLSCHLAEGER, RANDAL A.
STREET ADDRESS	101 RIO GRANDE
CITY - ST - ZIP	EDGEWATER FL
TITLE	D
NAME	WALLSCHLAEGER, BRIAN M.
STREET ADDRESS	608 LA JARDIN
CITY - ST - ZIP	EDGEWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	New Smyrna Beh., FL 32169
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	209 Meadow Lake Dr.
2.4 CITY - ST - ZIP	Edgewater, FL 32141
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32132
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2820 Nordman Ave.
4.4 CITY - ST - ZIP	New Smyrna Beh., FL 32168
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	583 La Jardin
5.4 CITY - ST - ZIP	Edgewater, FL 32141
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 110.07(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: Brian M. Wallschlaeger June 19, 1995 904-428-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)
Brian M. Wallschlaeger

CR2E034 (3/95)