

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 8:45

DOCUMENT # H70614 (3)

1. Corporation Name
HACIENDA SERVICE CORP.

Principal Place of Business Mailing Address
**286 CLUB RIO
-SUITE 100-
EDGEWATER FL 32141** **286 CLUB RIO
-SUITE 100-
EDGEWATER FL 32141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/09/1985 **04/25/1994**

4. FEI Number Applied For
59-2570532 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

8. Name and Address of Current Registered Agent

**OSWALD, KENNETH F.
600 COURTLAND ST
SUITE 110
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 85 Zip Code

FL

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PC WALLSCHLAEGER, MARK A. 440 QUAY ASSISI NEW SMYRNA BEACH FL

VD WALLSCHLAEGER, KEVIN 1912 RIVERSIDE DR. EDGEWATER FL

TD WALLSCHLAEGER, STEVEN 1514 ROYAL PALM DR. EDGEWATER FL

SD WALLSCHLAEGER, RANDAL 101 RIO GRANDE EDGEWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP **32169**

21 TITLE Change Addition

22 NAME **209 Meadow Lake Dr.**

23 STREET ADDRESS **Edgewater, FL 32141**

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP **32132**

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS **2820 Nordman Ave.**

44 CITY - ST - ZIP **New Smyrna Bch., FL 32168**

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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: *Steven M. Wallachlaeger* June 19, 1995 904-428-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Phone #)

Steven M. Wallachlaeger

CR2E034 (3/95)