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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H70614 (3)

1. Corporation Name
HACIENDA SERVICE CORP.



Principal Place of Business 286 CLUB RIO SUITE 130 EDGEWATER FL 32141	Mailing Address 286 CLUB RIO SUITE 130 EDGEWATER FL 32141-7261
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3. Date Incorporated or Qualified 08/09/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2570532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29 30

9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, MARK A.	
STREET ADDRESS	680 ST ANDREWS CIRCLE	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, KEVIN	
STREET ADDRESS	209 MEADOW LAKE DR	
CITY- ST- ZIP	EDGEWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, STEVEN	
STREET ADDRESS	742 LAUEL BAY CIRCEL	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, RANDAL	
STREET ADDRESS	2820 NORDMAN AVE	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wallschlaeger, Mark A.	
1.3 STREET ADDRESS	278 Clubhouse Blvd.	
1.4 CITY- ST- ZIP	New Smyrna Beach, FL 32168	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wallschlaeger, Kevin S.	
2.3 STREET ADDRESS	2625 Turnbull Estates Drive	
2.4 CITY- ST- ZIP	New Smyrna Beach, FL 32168	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wallschlaeger, Steven M.	
3.3 STREET ADDRESS	1531 Shadow Pines	
3.4 CITY- ST- ZIP	New Smyrna Beach, FL 32168	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wallschlaeger, Randal A.	
4.3 STREET ADDRESS	750 Willard Street	
4.4 CITY- ST- ZIP	New Smyrna Beach, FL 32168	
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 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.

SIGNATURE: *Mark A. Wallschlaeger* *Steven M. Wallschlaeger* *4-21-97* *904-428-1278*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)