

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/09/1985**
3a. Date of Last Report: **06/23/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSWALD, KENNETH F.
600 COURTLAND ST
ORLANDO FL 32804**

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

Signature typed or printed name of the person designated to sign this statement

(NOTE: Registered Agent's signature is required when mandatory)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, MARK A.	
STREET ADDRESS	440 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, KEVIN S.	
STREET ADDRESS	209 MEADOW LAKE DR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, STEVEN M.	
STREET ADDRESS	1514 ROYAL PALM DR.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, RANDAL A.	
STREET ADDRESS	2820 NORDMAN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, BRIAN M.	
STREET ADDRESS	583 LA JARDIN	
CITY-ST-ZIP	EDGEWATER FL	
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	680 St. Andrews Circle	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALLSCHLAEGER, Steven M.	
3.3 STREET ADDRESS	742 Laurel Bay Circle	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 in an attachment with an address.

SIGNATURE: **Mark A. Wallschlaeger**
Mark A. Wallschlaeger Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (904)
428-1278
DATE: FILE NO. PLEASE PRINT

CR2E034 (12/95)