


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 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 # 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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/09/1985	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2571374	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" 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 Zip	25 Country	29 Zip	30 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PC WALLSCHLAEGER, MARK A.	1.2 NAME	Wallschlaeger, Mark A.
STREET ADDRESS	680 ST ANDREWS CIRCLE	1.3 STREET ADDRESS	278 Clubhouse Blvd.
CITY-ST-ZIP	NEW SMYRNA FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WALLSCHLAEGER, KEVIN S.	2.2 NAME	Wallschlaeger, Kevin S.
STREET ADDRESS	209 MEADOW LAKE DR	2.3 STREET ADDRESS	2625 Turnbull Estates Drive
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD WALLSCHLAEGER, STEVEN M.	3.2 NAME	Wallschlaeger, Steven M.
STREET ADDRESS	742 LAUREL BAY CIRCLE	3.3 STREET ADDRESS	1531 Shadow Pines
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WALLSCHLAEGER, RANDAL A.	4.2 NAME	Wallschlaeger, Randal A.
STREET ADDRESS	2820 NORDMAN AVE	4.3 STREET ADDRESS	750 Willard Street
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WALLSCHLAEGER, BRIAN M.	5.2 NAME	
STREET ADDRESS	583 LA JARDIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER 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 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: *Steven M. Wallschlaeger* **Steven M. Wallschlaeger** 4-21-97 904-428-1278

CR2E034 (9/96)