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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N 96000000926
1. Corporation Name
HACIENDA, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 21 225 WAYMAN ST.		2a. Mailing Address 28 237 FERNWOOD BLVD.		3. Date Incorporated or Qualified 2/19/96	3a. Date of Last Report N/A
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3380890	Applied For Not Applicable
23 City & State LONGWOOD, FL.		28 City & State FERN PARK, FL.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32750		29 Zip 32730		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 County U.S.		30 County U.S.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANN PURCELL
828 TUSCARORA TRAIL
MAITLAND, FL. 32751**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN PURCELL	1.2 NAME	JACQUELINE COLLINS
STREET ADDRESS	828 TUSCARORA TRAIL	1.3 STREET ADDRESS	500 GOLF TERRACE LANE #200
CITY-ST-ZIP	MAITLAND, FL. 32751	1.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY MOGHADAS	2.2 NAME	KAREN BEAL
STREET ADDRESS	861 E. SEMORAN BLVD.	2.3 STREET ADDRESS	200 N. CORTEZ AVE.
CITY-ST-ZIP	CASSELBERY, FL. 32707	2.4 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT BERK	3.2 NAME	
STREET ADDRESS	385 WEST LAKE FAITH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL. 32751	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. WILLIAM GONZALEZ	4.2 NAME	
STREET ADDRESS	676 HOLBROOK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL. 32746	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. DOROTHY PURDY	5.2 NAME	
STREET ADDRESS	894 LAKE WORTH CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW, FL. 32746	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	600002217896
STREET ADDRESS		6.3 STREET ADDRESS	-06/20/97-01007-033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Purcell* 6/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/96)