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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

DOCUMENT # **H70614** **(3)**

1. Corporation Name
HACIENDA SERVICE CORP.

Principal Place of Business	Mailing Address
286 CLUB RIO SUITE 130 EDGEWATER FL 32141	286 CLUB RIO SUITE 130 EDGEWATER FL 32141-7261

3. Date Incorporated or Qualified: **06/09/1985**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2570532** ☐ 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

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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE	PC	☒ Change ☐ Addition
NAME	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 BEACH FL		1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WALLSCHLAEGER, KEVIN		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	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WALLSCHLAEGER, STEVEN		3.2 NAME	Wallschlaeger, Steven M.	
STREET ADDRESS	742 LAUEL BAY CIRCEL		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	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WALLSCHLAEGER, RANDAL		4.2 NAME	Wallschlaeger, Randal A.	
STREET ADDRESS	2820 NORDMAN AVE		4.3 STREET ADDRESS	750 Willard Street	
CITY-ST-ZIP	NEW SMYRNA BEHAC FL		4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 4-21-97 904-428-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #