

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S05092** (9)

95 MAY -1 AM 11:09

1. Corporation Name

HSD RETIREMENT FUND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

303 MIAMI LANE
POINCIANA FL 34759
US

303 MIAMI LANE
POINCIANA FL 34759
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3130828** 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**

6. This Corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUCH, HEIDI
303 MIAMI LANE
POINCIANA FL 34759

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

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

(Signature of Current Registered Agent and the applicable agent)

(Signature of New Registered Agent and the applicable agent)

Date

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COUCH, HEIDI
STREET ADDRESS	340 JACKSONVILLE CT.
CITY ST ZIP	POINCIANA FL
TITLE	S
NAME	CARP, SUSAN
STREET ADDRESS	338 JACKSONVILLE SS
CITY ST ZIP	POINCIANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME
13	STREET ADDRESS
14	CITY ST ZIP
21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME
23	STREET ADDRESS
24	CITY ST ZIP
31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME
33	STREET ADDRESS
34	CITY ST ZIP
41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME
43	STREET ADDRESS
44	CITY ST ZIP
51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME
53	STREET ADDRESS
54	CITY ST ZIP
61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME
63	STREET ADDRESS
64	CITY ST ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(2)(g), 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:

Heidi Couch **HEIDI COUCH**

4/21/95

8:34:27 0300

REPRINTED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR