

**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 # **S05092 (9)**

1. Corporation Name  
**HSD RETIREMENT FUND, INC.**



Principal Place of Business

Mailing Address

303 MIAMI LANE  
POINCIANA FL 34759  
US

303 MIAMI LANE  
POINCIANA FL 34759  
US

2. Principal Place of Business

2a. Mailing Address

21 2915 TREVIL CT  
Suite, Apt. #, etc.

26 2915 TREVIL CT  
Suite, Apt. #, etc.

City & State

City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

24 34746  
Zip

25 OSCEOLA  
County

29 34746  
Zip

30 OSCEOLA  
County

9. Name and Address of Current Registered Agent

COUCH, HEIDI  
909 MIAMI LANE  
POINCIANA FL 34759

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

60 CORDONA DR

83

84 City KISSIMMEE

FL

85 Zip Code 34758

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. Thereby 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 registered agent and the filer)

Name (typed or printed name of registered agent and filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COUCH, HEIDI	
STREET ADDRESS	340 JACKSONVILLE CT.	
CITY-STATE-ZIP	POINCIANA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARP, SUSAN	
STREET ADDRESS	338 JACKSONVILLE SS	
CITY-STATE-ZIP	POINCIANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	60 CORDONA DR
14 CITY-STATE-ZIP	KISSIMMEE, FL 34758
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on stated in Section 119.07(3)(a), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HEIDI COUCH

4/4/96

407 846 1311

CR2E034 (12/95)