

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:39

DOCUMENT # F93000003029 (6)

1. Corporation Name

HSN LIQUIDATION, INC.

Principal Place of Business

**2501 118TH AVENUE, NORTH
ST. PETERSBURG FL 33718**

Mailing Address

**POST OFFICE BOX 9090
CLEARWATER FL 34618-9090
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3178244

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
REARDON, J. MICHAEL
2501 118TH AVE., NORTH
ST. PETERSBURG FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
MINNEN, BRADLEY
2501 118TH AVE., NORTH
ST. PETERSBURG FL 33718**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
MCKEON, KEVIN J.
2501 118TH AVENUE, NORTH
ST. PETERSBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
WATERS, ELIZABETH A
2501 118TH AVE., NORTH
ST. PETERSBURG FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AT
RILEY, R. JOSEPH
2501 118TH AVE., NORTH
ST. PETERSBURG FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AT
LYON, RICHARD
2501 118TH AVE., NORTH
ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Peter M. Kern

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**Gerald F. Hogan
2501 118th Avenue No.
St. Petersburg, FL 33716**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Waters, Asst. Sec.

3/24/95

(813) 572-8585

Date

Signature