

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003029 (6)

1. Corporation Name

HSN LIQUIDATION, INC.

Principal Place of Business

2501 118TH AVENUE, NORTH
ST. PETERSBURG FL 33716

Mailing Address

POST OFFICE BOX 9090
CLEARWATER FL 34618-9090
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

04/06/1995

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

10. Name and Address of New Registered Agent

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

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 other applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

KERN, PETER M

STREET ADDRESS

2501 118TH AVE., NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

HOGAN, GERALD F

STREET ADDRESS

2501 118TH AVENUE, NO.

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

STD

NAME

MCKEON, KEVIN J.

STREET ADDRESS

2501 118TH AVENUE, NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

AS

NAME

WATERS, ELIZABETH A

STREET ADDRESS

2501 118TH AVE., NORTH

CITY - ST - ZIP

ST. PETERSBURG FL 33716

TITLE

AT

NAME

RILEY, R. JOSEPH

STREET ADDRESS

2501 118TH AVE., NORTH

CITY - ST - ZIP

ST. PETERSBURG FL 33716

TITLE

AT

NAME

LYON, RICHARD

STREET ADDRESS

2501 118TH AVE., NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

Robert Buccos

1.3 STREET ADDRESS

2501 118th Avenue, North

1.4 CITY - ST - ZIP

St. Petersburg, FL 33716

2.1 TITLE

D

2.2 NAME

Pollin, Mary Ellen

2.3 STREET ADDRESS

2501 118th Avenue, North

2.4 CITY - ST - ZIP

St. Petersburg, FL 33716

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

AT

Krall, Lynn

2501 118th Avenue, North

St. Petersburg, FL 33716

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 119.07(3)(k), Florida Statutes. Further, I 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 Waters

4/30/96

(813) 572-8585

Date

Daytime Phone

CR2E034 (12/95)