

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 # F93000003033 (8)

1. Corporation Name

HSN LIQUIDATION, INC. OF FLORIDA



Principal Place of Business

P.O. BOX 9090
CLEARWATER FL 34618-9090

Mailing Address

P.O. BOX 9090
CLEARWATER FL 34618-9090

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/30/1993

3a. Date of Last Report
04/06/1995

4. FEI Number

59-3184990

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME KERN, PETER M
STREET ADDRESS 2501 118TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ DELETE
NAME HOGAN, GERALD F
STREET ADDRESS 2501 118TH AVENUE, NO.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE STD ☐ DELETE
NAME MCKEON, KEVIN J
STREET ADDRESS 2501 118TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE AS ☐ DELETE
NAME WATERS, ELIZABETH A
STREET ADDRESS 2501 118TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE AT ☒ DELETE
NAME RILEY, R. JOSEPH
STREET ADDRESS 2501 118TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE AT ☐ DELETE
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 ☐ Change ☒ Addition
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 ☐ Change ☒ Addition
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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 500001815955
4.3 STREET ADDRESS -05/10/96--01003--036
4.4 CITY-ST-ZIP ***200.00

5.1 TITLE AT ☐ Change ☒ Addition
5.2 NAME Krall, Lynn
5.3 STREET ADDRESS 2501 118th Avenue, North
5.4 CITY-ST-ZIP St. Petersburg, FL 33716

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

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. 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:

Elizabeth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (813) 572-8585

Date

Daytime Phone

CR2E034 (12/95)