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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

F95000002828 (0) **DOCUMENT #** 

HOME	SHOPPING	NETWORK	OUTLETS,	INC.

Principal Place of Business 2501 118TH AVENUE NO. ST DETERGRIDG EL 33716 Mailing Address

2501 118TH AVENUE NO. ST PETERSBURG EL 33716



OI. I CICIODO	3110 12 90/10	On reletionship it	00110					
					<ol> <li>Date Incorporated or Qualified 06/12/1995</li> </ol>	3a. Date of La	nst Report	
Principal Place of Business     The Principal Place of Business		2a, Mailing Address 26		4, FEI Number 59-2943356		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	<b>3.75</b> Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	7ip Country 30			8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes ☐ Yes ☐ No			
	<ol><li>Name and Address of Current</li></ol>	t Registered Agent			10. Name and Address of New	Registered Agen	<u>t</u>	
			8	1 Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8	82 Street Address (P.O. <b>BOOMS OF ALES 19</b> 19 19 19 19 19 19 19 19 19 19 19 19 19				
			8	3				
4				4 City		FL 85		
11. Pursuant to or registere familiar wit	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 607.1508, Florida Statu da. Such change was author on 607.0505, Florida Statute	ites, the above zed by the co ss.	e-named corp rporation's bo	oration submits this statement for the property of directors. Thereby accept the app	urpose of changing pointment as regis	g its registered offic tered agent. I an i	
SIGNATURE _	Stynatore, typed or printed name of registered agent.		OTE Registered A	gent signature req.	irod where reinstating)	DATE		
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OF			
TITLE	V	☐ DELETE	1. 1 TITL	E	P	☐ Ch	ange <b>k</b> Addition	
NAME	MINNEN, BRADLEY		1.2 NAN		Robert Buccos			
STREET ADDRESS			1.3 STREET ADORESS		2501 118th Avenue, North			
CITY-ST-ZIP	ST. PETERSBURG FL 33716				St. Petersburg, FL	33716	Francisco Contraction	
TOLE	DST	DELETE	2 1 7 1 1	,F		Ch	ange 📋 Addition	
NAME	MCKEON, KEVIN J		2 2 NAN	ie				
STREET ADDRESS	2501 118TH AVENUE NO.		2 3 STR	ET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716			-ST-ZiP				
TITLE	8	DELETE	3 1 TH	.F	AS	<b>★</b> Ch	ange 🔲 Addition	
NAME	WATERS, ELIZABETH A		3 2 NAM	IE				
STREET ADDRESS	2501 118TH AVENUE NO.		3.3. STF	EET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716		3.4 CITY	-ST-ZIP				
TITLE	8	DELETE 4.		. <del>E</del>	AT	<b>XX</b> CH	ange 🔲 Addition	
NAME	LYON, RICHARD		4.2 NAM	'E				
STREET ADDRESS	2501 118TH AVENUE NO.		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716		4.4 CITY	r-ST-ZIP				
TITLE	T	DELE 1E	5 1 111	LE T	AT	<b>XX</b> Cr	ange 🔲 Addition	
NAME	KRALL, LYNN E		5.2 NAV	ne l				

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 3 if changed, or on an attachment with an address.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2501 118TH AVENUE NO.

2501 118TH AVENUE NO.

HOGAN, GERALD F

ST. PETERSBURG FL 33716

OF SIGNING OFFICER OR DIRECTOR

DELFIE

2501 118th Avenue, No.

Pollin, Mary Ellen

Change