

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 # F95000002875 (1)

1. Corporation Name
HSN FULFILLMENT, INC.



Principal Place of Business
2501 118TH AVENUE NORTH ST.
ST PETERSBURG FL 33716

Mailing Address
2501 118TH AVENUE NORTH ST.
ST PETERSBURG FL 33716

3. Date Incorporated or Qualified 06/14/1995	3a. Date of Last Report
4. FEI Number 59-3133321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		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	85 Zip Code
		FL	

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 of position _____
Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	
NAME	MCKEON, KEVIN J	12 NAME	
STREET ADDRESS	2501 118TH AVENUE NO.	13 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	14 CITY-STATE-ZIP	
TITLE	D	21 TITLE	
NAME	KERN, PETER M	22 NAME	Mary Ellen Pollin
STREET ADDRESS	2501 118TH AVENUE NO.	23 STREET ADDRESS	2501 118th Avenue, North
CITY-STATE-ZIP	ST PETERSBURG FL	24 CITY-STATE-ZIP	St. Petersburg, FL 33716
TITLE	P	31 TITLE	
NAME	THATCHER, ROBERT	32 NAME	
STREET ADDRESS	2501 118TH AVENUE NO.	33 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	34 CITY-STATE-ZIP	
TITLE	AS	41 TITLE	
NAME	HOLTZMAN, H S	42 NAME	
STREET ADDRESS	2501 118TH AVENUE NO.	43 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	44 CITY-STATE-ZIP	
TITLE	AT	51 TITLE	
NAME	LYON, RICHARD	52 NAME	400001828924
STREET ADDRESS	2501 118TH AVENUE NO.	53 STREET ADDRESS	-05/20/96--01036--045
CITY-STATE-ZIP	ST PETERSBURG FL	54 CITY-STATE-ZIP	***200.00
TITLE	AT	61 TITLE	
NAME	KRALL, LYNN E	62 NAME	
STREET ADDRESS	2501 118TH AVENUE NO.	63 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	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 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: _____
H. Steven _____
Signature typed or printed name of signing officer or director _____
Assistant Secretary

4/30/96 (1813) 572-8583
Date Daytime Phone #

CR2E034 (12/95)