

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P17587 (7)

1. Corporation Name
HSN MAIL ORDER, INC.



Principal Place of Business 2501 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US	Mailing Address P. O. BOX 9090 CLEARWATER FL 34618-9090 US
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2857505		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				FL	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NOVO, JAMES		1.2 NAME TROSPER, JED B.	
STREET ADDRESS 2501 118TH AVE N		1.3 STREET ADDRESS 2501 118TH AVE N	
CITY-ST-ZIP ST. PETERSBURG FL 33716		1.4 CITY-ST-ZIP ST PETERSBURG FL 33716	
TITLE TDS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCKEON, KEVIN J		2.2 NAME FELDMAN, BRIAN J.	
STREET ADDRESS 2501 118TH AVE N		2.3 STREET ADDRESS 2501 118TH AVE N	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP ST PETERSBURG FL 33716	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLTZMAN, STEVEN H		3.2 NAME GALLAGHER, JAMES G.	
STREET ADDRESS 2501 118TH AVE N		3.3 STREET ADDRESS 2501 118TH AVE N	
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP ST PETERSBURG FL 33716	
TITLE AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRALL, LYNN		4.2 NAME	
STREET ADDRESS 2501 118TH AVE N		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33176		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLLIN, MARY ELLEN		5.2 NAME	
STREET ADDRESS 2501 118TH AVE N		5.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33716		5.4 CITY-ST-ZIP	
TITLE AT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYON, RICHARD		6.2 NAME	
STREET ADDRESS 2501 118TH AVENUE NORTH		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33716		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)