

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20414

(9)

1. Corporation Name
HSN REALTY OF DELAWARE, INC.



Principal Place of Business 2501 118TH AVENUE, NORTH P O BOX 9090 ST. PETERSBURG FL 33716 US	Mailing Address 12000 25 CT NO., ST PETERSBURG, FL 33716 P O BOX 9090 CLEARWATER FL 34618-9090
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/08/1988	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2857500	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			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD ST. PETERSBURG FL 33716		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P THATCHER, ROBERT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD TROSPER, JED B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2501 118TH AVE N	1.2 NAME	2501 118TH AVE N
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	ST PETERSBURG FL 33716
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD MCKEON, KEVIN J. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T FELDMAN, BRIAN J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2501 118TH AVE N	2.2 NAME	2501 118TH AVE N
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	ST PETERSBURG FL 33716
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS HOLTZMAN, H. STEVEN <input type="checkbox"/> DELETE	3.1 TITLE	S GALLAGHER, JAMES G. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2501 118TH AVE N	3.2 NAME	2501 118TH AVE N
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	ST PETERSBURG FL 33716
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AT KRALL, LYNN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2501 118TH AVE N	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D POLLIN, MARY ELLEN M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2501 118TH AVE N	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT LYON, RICHARD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2501 118TH AVENUE, NORTH	6.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

CR2E034 (9/96)