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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

DOCUMENT # P22400

(6)

1. Corporation Name

HSN CREDIT CORPORATION

Principal Place of Business

2501 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

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

24 CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/04/1989

3a. Date of Last Report
06/14/1996

4. FEI Number

59-2857520

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME MCKEON, KEVIN L
STREET ADDRESS 2501 118TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

DELETE

TITLE P
NAME BAUER, POLLY
STREET ADDRESS 2501 118TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

DELETE

TITLE VP
NAME ROMANOV, ALEX
STREET ADDRESS 2501 118TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

DELETE

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

DELETE

TITLE AT
NAME LYON, RICHARD
STREET ADDRESS 2501 118TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

DELETE

TITLE D
NAME POLLIN, MARY ELLEN
STREET ADDRESS 2501 118TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME TROSPER, JED B.
1.3 STREET ADDRESS 2501 118TH AVE N
1.4 CITY-ST-ZIP ST PETERSBURG FL 33716

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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.

SIGNATURE

Elizabeth A. Mortham

5/2/97 512-8585

CR2E034 (9/96)