

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P24789

(0)

1. Corporation Name

HSN TRAVEL, INC.

Principal Place of Business

**2501 118TH AVENUE, NORTH
ST. PETERSBURG FL 33716
US**

Mailing Address

**POST OFFICE BOX 9090
CLEARWATER FL 34618-9090
US**

**APPROVED
AND
FILED**

95 APR -6 AM 7:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2208098

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAUGHN JR. EDWARD M.
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TSD
NAME	MCKEON, KEVIN J.
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	REARDON, J. MICHAEL
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	AS
NAME	WATERS, ELIZABETH A.
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	HOGAN, GERALD F.
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	AT
NAME	RILEY, R. JOSEPH R
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	P/S/T/D ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Peter M. Kern
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	AT
6.3 STREET ADDRESS	Richard Lyon
6.4 CITY - ST - ZIP	2501 118th Avenue No. St. Petersburg, FL 33716

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 110.07(3)(b), 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. Waters, Asst. Sec.

3/24/95

(813) 572-8585