

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 # **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**

3. Date Incorporated or Qualified
06/15/1989

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2208098

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

**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 the filer (if applicable)

(NOTE: Registered Agent's signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **VAUGHN JR, EDWARD M.**
STREET ADDRESS **2501 118TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **PSTD** ☐ DELETE
NAME **MCKEON, KEVIN J.**
STREET ADDRESS **2501 118TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☒ DELETE
NAME **KERN, PETER M**
STREET ADDRESS **2501 118TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☒ DELETE
NAME **HOGAN, GERALD F.**
STREET ADDRESS **2501 118TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **AT** ☒ DELETE
NAME **RILEY, R. JOSEPH R**
STREET ADDRESS **2501 118TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

D ☐ Change ☒ Addition
Pollin, Mary Ellen
2501 118th Avenue, North
St. Petersburg, FL 33716

800001815958
-05/10/96--01003--039

*****200.00** ☐ Change ☐ Addition

AT ☐ Change ☒ Addition
Krall, Lynn
2501 118th Avenue, North
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(813) 572-8585

Daytime Phone

CR2E034 (12/95)