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**Feb 03 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 # 830709 (2)

1. Corporation Name
ARISTAR INSURANCE COMPANY



Principal Place of Business HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA FL 33637 US	Mailing Address HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA FL 33637-1022 US
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3. Date Incorporated or Qualified 08/20/1973	3a. Date of Last Report 02/19/1996
4. FEI Number 04-2275299	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 checked="" type="checkbox"/> 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

**GARNER, JAMES R SR.
CAPITOL BUILDING
8900 GRAND OAK CIRCLE
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GARNER, JAMES R
STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY - ST - ZIP	TAMPA FL 33637-1050
TITLE	D <input type="checkbox"/> DELETE
NAME	BARE, JAMES A
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EVANS, WAYNE L
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PAPPAS, MICHAEL M
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARROL, LEONARD V
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	COB <input type="checkbox"/> DELETE
NAME	PAPPAS, MICHAEL M
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL 33637

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Hazel A. Brott* **HAZEL A. BROTT** 1/16/97 813/632-4500
ASST. SECY. Date Daytime Phone #

CR2E034 (9/96)