

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 08/20/1973
4. FEI Number 04-2275299
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D V S <input type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARNER, JAMES R	1.2 NAME	JAMES R. HILLSMAN
STREET ADDRESS	8900 GRAND OAK CIRCLE	1.3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL 33637-1050	1.4 CITY-ST-ZIP	TAMPA, FL 33550 33637
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARE, JAMES A	2.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WAYNE L	3.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, MICHAEL M	4.2 NAME	D Shigley, Henry F.
STREET ADDRESS	8900 GRAND OAK CIR	4.3 STREET ADDRESS	8900 Grand Oak Circle
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROL, LEONARD V	5.2 NAME	AS HAZEL A. BROTT
STREET ADDRESS	8900 GRAND OAK CIR	5.3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33550 33637
TITLE	COB <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, MICHAEL M	6.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	6.4 CITY-ST-ZIP	

14. I 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 REHAZEL A. BROTT 1/21/98 813-632-4500

CR2E034 (10/97)