

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001823 (4)**

1. Corporation Name
ARISTAR, INC.



Principal Place of Business: **8900 GRAND OAK CIR TAMPA FL 33637-1050 US**
Mailing Address: **8900 GRAND OAK CIR TAMPA FL 33637-1050 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **04/14/1993**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **95-4128205**
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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 **FL**

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAPPAS, MICHAEL M	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-STATE-ZIP	TAMPA FL	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BARE, JAMES A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-STATE-ZIP	TAMPA FL	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	ADAMS, STEPHEN F	
STREET ADDRESS	9200 OAKDALE AVE	
CITY-STATE-ZIP	CHATSWORTH CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROTT, HAZEL A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HILLSMAN, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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: *Hazel A. Brott* HAZEL A. BROTT 2/12/96 813-632-4500
ASST. SECY. DATE: _____ CALLER PHONE # _____

CR2E034 (12/95)