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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

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 33637-1022 US**

3. Date Incorporated or Qualified: **04/14/1993**
3a. Date of Last Report: **02/19/1996**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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 607.0505, Florida Statutes.

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

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

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.

CR2E034 (9/96)