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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



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

3. Date Incorporated or Qualified 04/14/1993	3a. Date of Last Report 02/19/1996
4. FEI Number 95-4128205	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 reinstalling) _____ 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	CHATSORTH 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)