

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

FILED

**Feb 12 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1993	
21	22	26	27	4. FEI Number 95-4128205	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

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	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	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	PD PAPPAS, MICHAEL M	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8900 GRAND OAK CIR	1.2 NAME	CRAIG E. TALL
CITY-ST-ZIP	TAMPA FL	1.3 STREET ADDRESS	1201 - 3RD AVE.
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	VPAS GARNER, JAMES R	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8900 GRAND OAK CIR	2.2 NAME	JAMES R. GARNER
CITY-ST-ZIP	TAMPA FL	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	SVPD BARE, JAMES A	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8900 GRAND OAK CIR	3.2 NAME	WAYNE L. EVANS
CITY-ST-ZIP	TAMPA FL	3.3 STREET ADDRESS	8900 GRAND OAK CIRCLE
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	TAMPA, FL 33637
TITLE	SVPS ADAMS, STEPHEN F	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9200 OAKDALE AVE	4.2 NAME	MARANGAL I. DOMINGO
CITY-ST-ZIP	CHATSWORTH CA	4.3 STREET ADDRESS	1201 - 3RD AVE
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	AS BROTT, HAZEL A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8900 GRAND OAK CIR	5.2 NAME	
CITY-ST-ZIP	TAMPA FL	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	VP HILLSMAN, JAMES R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8900 GRAND OAK CIR	6.2 NAME	
CITY-ST-ZIP	TAMPA FL	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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* **HAZEL A. BROTT** 1/21/98 813-632-4500

CR2E034 (10/97)