

**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

**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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified  
**04/14/1993**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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

TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	BARE, JAMES A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVPS	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRAIG E. TALL	
1.3 STREET ADDRESS	1201 - 3RD AVE.	
1.4 CITY-ST-ZIP	SEATTLE, WA 98101	
2.1 TITLE	VP & S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES R. GARNER	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WAYNE L. EVANS	
3.3 STREET ADDRESS	8900 GRAND OAK CIRCLE	
3.4 CITY-ST-ZIP	TAMPA, FL 33637	
4.1 TITLE	VP & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARANGAL I. DOMINGO	
4.3 STREET ADDRESS	1201 - 3RD AVE	
4.4 CITY-ST-ZIP	SEATTLE, WA 98101	
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 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)