

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000001823 (4)**  
1. Corporation Name  
**ARISTAR, INC.**



Principal Place of Business <b>8900 GRAND OAK CIR TAMPA FL 33637-1050 US</b>	Mailing Address <b>8900 GRAND OAK CIR TAMPA FL 33637-1050 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1993</b>	
21	22	26	27	4. FEI Number <b>95-4128205</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				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 <b>PAPPAS, MICHAEL M</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	1.2 NAME	<b>CRAIG E. TALL</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.3 STREET ADDRESS	<b>1201 - 3RD AVE.</b>
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<b>SEATTLE, WA 98101</b>
TITLE	VPAS <b>GARNER, JAMES R</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	2.2 NAME	<b>JAMES R. GARNER</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	SVPD <b>BARE, JAMES A</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	3.2 NAME	<b>WAYNE L. EVANS</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.3 STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<b>TAMPA, FL 33637</b>
TITLE	SVPS <b>ADAMS, STEPHEN F</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>9200 OAKDALE AVE</b>	4.2 NAME	<b>MARANGAL I. DOMINGO</b>
CITY-ST-ZIP	<b>CHATSWORTH CA</b>	4.3 STREET ADDRESS	<b>1201 - 3RD AVE</b>
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<b>SEATTLE, WA 98101</b>
TITLE	AS <b>BROTT, HAZEL A</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	5.2 NAME	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	VP <b>HILLSMAN, JAMES R</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	6.2 NAME	
CITY-ST-ZIP	<b>TAMPA FL</b>	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)