

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90018 001 *1,350.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # F93000001823

1. Corporation Name
ARISTAR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8900 GRAND OAK CIR TAMPA FL 33637-1050 US

3. Date Incorporated or Qualified
04/14/1993

4. FEI Number **95-4128205** Applied For Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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 **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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TALL, CRAIG E	
STREET ADDRESS	1201 3RD AVE	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, WAYNE L	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DOMINGO, MARANGAL I	
STREET ADDRESS	1201 3RD AVE	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROTT, HAZEL A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" 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 checked="" type="checkbox"/> Addition
3 2 NAME	VP HENRY F. SHIGLEY
3 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
3 4 CITY-ST-ZIP	TAMPA, FL 33637-1050
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 checked="" type="checkbox"/> Addition
5 2 NAME	AS BEVERLY THURSTON
5 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
5 4 CITY-ST-ZIP	TAMPA, FL 33637-1050
6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	VP GARY E. WHITING
6 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
6 4 CITY-ST-ZIP	TAMPA, FL 33637-1050

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, with all other like empowered.

SIGNATURE: Beverly Thurston BEVERLY THURSTON 2/23/99 (813)632-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)