

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 **8900 GRAND OAK CIR**
TAMPA FL 33637-1050 **TAMPA FL 33637-1050**
US **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALL, CRAIG E	1 2 NAME	
STREET ADDRESS	1201 3RD AVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	1 4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JAMES R	2 2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 4 CITY-ST-ZIP	
TITLE	EVPD <input checked="" type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, WAYNE L	3 2 NAME	VP HENRY F. SHIGLEY
STREET ADDRESS	8900 GRAND OAK CIR	3 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL 33637	3 4 CITY-ST-ZIP	TAMPA, FL 33637-1050
TITLE	VPT <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGO, MARANGAL I	4 2 NAME	
STREET ADDRESS	1201 3RD AVE	4 3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	4 4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROTT, HAZEL A	5 2 NAME	AS BEVERLY THURSTON
STREET ADDRESS	8900 GRAND OAK CIR	5 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL	5 4 CITY-ST-ZIP	TAMPA, FL 33637-1050
TITLE	VP <input checked="" type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLSMAN, JAMES R	6 2 NAME	VP GARY E. WHITING
STREET ADDRESS	8900 GRAND OAK CIR	6 3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL	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)