

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

TITLE  DELETE  
 NAME **PD TALL, CRAIG E**  
 STREET ADDRESS **1201 3RD AVE**  
 CITY-ST-ZIP **SEATTLE WA 98101**

TITLE  DELETE  
 NAME **VPS GARNER, JAMES R**  
 STREET ADDRESS **8900 GRAND OAK CIR**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
 NAME **EVPD EVANS, WAYNE L**  
 STREET ADDRESS **8900 GRAND OAK CIR**  
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE  DELETE  
 NAME **VPT DOMINGO, MARANGAL I**  
 STREET ADDRESS **1201 3RD AVE**  
 CITY-ST-ZIP **SEATTLE WA 98101**

TITLE  DELETE  
 NAME **AS BROTT, HAZEL A**  
 STREET ADDRESS **8900 GRAND OAK CIR**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
 NAME **VP 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  Change  Addition  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY-ST-ZIP

2 1 TITLE  Change  Addition  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY-ST-ZIP

3 1 TITLE  Change  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  Change  Addition  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY-ST-ZIP

5 1 TITLE  Change  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  Change  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)