

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001823 (4)

1. Corporation Name

ARISTAR, INC.



Principal Place of Business

Mailing Address

8900 GRAND OAK CIR
TAMPA FL 33637-1050
US

8900 GRAND OAK CIR
TAMPA FL 33637-1050
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature of Registered Agent (required when changing)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	NAME	PAPPAS, MICHAEL M	STREET ADDRESS	8900 GRAND OAK CIR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	VPAS	NAME	GARNER, JAMES R	STREET ADDRESS	8900 GRAND OAK CIR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	SVPD	NAME	BARE, JAMES A	STREET ADDRESS	8900 GRAND OAK CIR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	SVPS	NAME	ADAMS, STEPHEN F	STREET ADDRESS	9200 OAKDALE AVE	CITY-STATE-ZIP	CHATSWORTH CA	<input type="checkbox"/> DELETE
TITLE	AS	NAME	BROTT, HAZEL A	STREET ADDRESS	8900 GRAND OAK CIR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	VP	NAME	HILLSMAN, JAMES R	STREET ADDRESS	8900 GRAND OAK CIR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/12/96

813-632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)