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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001285 (5)

1. Corporation Name
ARISTAR AGENCY, INC.



Principal Place of Business
HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637-1050

Mailing Address
HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637-1022

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
02/19/1996

4. FEI Number
51-0098547

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	PAPPAS, M M	
STREET ADDRESS	8900 GRAN OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	DELETE
NAME	BARE, JAMES A	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	DELETE
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	DELETE
NAME	HILLSMAN, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	AV	DELETE
NAME	PARK, MITZIE J.H.	
STREET ADDRESS	9200 OAKDALE AVE.	
CITY-ST-ZIP	CHATSWORTH CA	
TITLE	AS	DELETE
NAME	BROTT, HAZEL A.	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECY.
Date 1/16/97 Daytime Phone # 813/632-4500

CR2E034 (9/96)