

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90193 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027220
 1. Corporation Name
RENTAL EXPRESS, INC.

Principal Place of Business 196 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 US	Mailing Address 1921 NO. DIXIE HIGHWAY POMPANO BEACH FL 33060-5045
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/27/1996
21	26	4. FEI Number 65-0661037
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country	29
24	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHOEMAKER, RICHARD L CPA 2950 E. OAKLAND PARK BLVD. STE 202 FORT LAUDERDALE FL 33306-1121		81 Name Shoemaker, Richard L. CPA	82 Street Address (P.O. Box Number is Not Acceptable) 4331 North Federal Highway
		83 Suite 405	84 City Ft. Lauderdale
		85 Zip Code FL 33308-52	

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 D <input type="checkbox"/> DELETE	NAME PHILLIPS, KENNETH E	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME Kenneth Phillips
STREET ADDRESS 1113 SE 14TH COURT	CITY-ST-ZIP DEERFIELD BEACH FL 33441	1.3 STREET ADDRESS 5030 NE 26 Terrace	1.4 CITY-ST-ZIP Lighthouse Point FL 33064
TITLE D <input type="checkbox"/> DELETE	NAME O'NEAL, ANITA	2.1 TITLE	2.2 NAME
STREET ADDRESS 5200 NW 55TH BLVD. STE I-307	CITY-ST-ZIP COCONUT CREEK FL 33073	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: *[Signature]* APR 22 1999 954-946-9150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #