AMENDED

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653894

1. Corporation Name
Hudson Rental Center, Inc.

Principal Place of Business
8632 Casper Avenue
Hudson, FL 34667

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
1/29/1980

4. FEI Number
59-2008700
[ ] 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

9. Name and Address of Current Registered Agent

Leslie Jackson
8632 Casper Avenue
Hudson, FL 33567

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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: Vicky Goldstein
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable
DATE: 4-22-99

12. OFFICERS AND DIRECTORS		
TITLE	P	[X] DELETE
NAME	Leslie Jackson	
STREET ADDRESS	7305 Royal Oak Dr.	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	ST	[X] DELETE
NAME	Patricia Jackson	
STREET ADDRESS	7305 Royal Oak Dr.	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	VP	[X] DELETE
NAME	Ronald Jackson	
STREET ADDRESS	6130 Padgett Street	
CITY-ST-ZIP	Spring Hill, FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] Change [X] Addition
NAME	Don O'Neal	
STREET ADDRESS	450 E. Las Olas Blvd., 14th Fl	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V/S	[ ] Change [X] Addition
NAME	Joseph H. Izhakoff	
STREET ADDRESS	450 E. Las Olas Blvd., 14th FL	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	T	[ ] Change [X] Addition
NAME	Pamela K.M. Beall	
STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V/D	[ ] Change [X] Addition
NAME	Gene J. Ostrow	
STREET ADDRESS	450 E. Las Olas Blvd., 14th FL	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (11/98)

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] April 21, 1999 954-760-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR