

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

DOCUMENT # F98000001535

1. Corporation Name
NATIONSRENT OF FLORIDA, INC.

Principal Place of Business
50 WEST BROAD STREET, STE 3100
COLUMBUS OH 43215

Mailing Address
50 WEST BROAD STREET, STE 3100
COLUMBUS OH 43215

2. Principal Place of Business
21 7751 Bradenton Road
Suite, Apt. #, etc

22 City & State
23 Sarasota, FL
Zip Country

24 34243 25

2a. Mailing Address
26 450 East Las Olas Blvd.
Suite, Apt. #, etc

27 Suite 1400
City & State
28 Ft. Lauderdale, FL
Zip Country

29 33301 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Vicky Goldstein*
Signature, typed or printed name of registered agent and title if applicable

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

4-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13 PSTD
OSTROW, GENE J
450 EAST LAS OLAS BLVD., STE 1400
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14 AST
USHER, JONATHAN G
450 EAST LAS OLAS BLVD., STE 1400
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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[I DELETE]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 500002857505-3
-04/29/99-01120-025
****150.00 ****150.00

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CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President & Secretary

FILED

APR 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

65-0822618

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 [X] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

April 21, 1999

954-760-
6550