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 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001535**

1. Corporation Name
NATIONSRENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
50 WEST BROAD STREET. STE 3100 COLUMBUS OH 43215	50 WEST BROAD STREET. STE 3100 COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1998

4. F E I 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

2. Principal Place of Business	2a. Mailing Address
21 7751 Bradenton Road	26 450 East Las Olas Blvd.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 Suite 1400
City & State 23 Sarasota, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 34243 25	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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	[ ] DELETE	11 TITLE	C/P/D [X] Change [ ] Addition
NAME	OSTROW, GENE J		12 NAME	Ostrow, Gene J.
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE 1400		13 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AST	[ ] DELETE	21 TITLE	V [X] Change [ ] Addition
NAME	USHER, JONATHAN G		22 NAME	Usher, Jonathan G.
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE 1400		23 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		[ ] DELETE	31 TITLE	V [ ] Change [X] Addition
NAME			32 NAME	Petrocelli, Philip V.
STREET ADDRESS			33 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP			34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		[ ] DELETE	41 TITLE	V [ ] Change [X] Addition
NAME	500002857505--3		42 NAME	Hansel, Kris E.
STREET ADDRESS	-04/29/99--01120--025		43 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP	****150.00 ****150.00		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		[ ] DELETE	51 TITLE	T [ ] Change [X] Addition
NAME			52 NAME	Beall, Pamela K. M.
STREET ADDRESS			53 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP			54 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		[ ] DELETE	61 TITLE	V [ ] Change [X] Addition
NAME			62 NAME	Richardson, Thomas C.
STREET ADDRESS			63 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400
CITY-ST-ZIP			64 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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: _____ April 21, 1999 954-760-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President - Secretary

0279904

CR2E034 (11/98)