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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR 23 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001536**

1. Corporation Name
NATIONSRENT, INC.

Principal Place of Business	Mailing Address
450 EAST LAS OLAS LVD., STE 1400 FT LAUDERDALE FL 33301	450 EAST LAS OLAS LVD., STE 1400 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1998

4. FEI Number
31-1570069
[ ] 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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 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

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-04/29/99--01120--024
****150.00 ****150.00
FL

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 — 4-22-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	KIRK, JAMES L	
STREET ADDRESS	50 WEST BROAD STREET, STE 3100	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VT	[ ] DELETE
NAME	OSTROW, GENE J	
STREET ADDRESS	50 WEST BROAD STREET, STE 3100	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	[ ] DELETE
NAME	HUIZENGA JR, H W	
STREET ADDRESS	50 WEST BROAD STREET, STE 3100	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VCAT	[ ] DELETE
NAME	USHER, JONATHAN G	
STREET ADDRESS	50 WEST BROAD STREET, STE 3100	
CITY-ST-ZIP	COLUMBUS OH	
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

11 TITLE	C/D	[X] Change [ ] Addition
12 NAME	Kirk, James L.	
13 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
21 TITLE	V	[X] Change [ ] Addition
22 NAME	Ostrow, Gene J.	
23 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
31 TITLE	V/T/AS	[ ] Change [X] Addition
32 NAME	Beall, Pamela K. M.	
33 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
41 TITLE	V	[X] Change [ ] Addition
42 NAME	Usher, Jonathan G.	
43 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
51 TITLE	P	[ ] Change [X] Addition
52 NAME	O'Neal, Don R.	
53 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
54 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
61 TITLE	V	[ ] Change [X] Addition
62 NAME	Petrocelli, Philip V.	
63 STREET ADDRESS	450 East Las Olas Blvd., Suite 1400	
64 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

CR2E034 (11/98)

4. 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