

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G53544** (4)
1. Corporation Name
NATIONAL AUCTION BULLETIN, INC.



Principal Place of Business 4419 W. TRADEWINDS AVE. FORT LAUDERDALE FL 33308	Mailing Address 4419 W. TRADEWINDS AVE. FORT LAUDERDALE FL 33308
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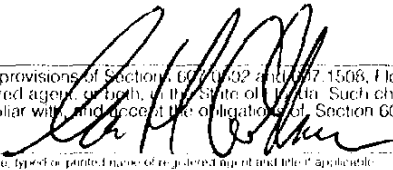
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2501 NW 17 LANE Suite, Apt. #, etc.		2a. Mailing Address 26 2501 NW 17 LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/10/1983	
22 SUITE 1 City & State		27 SUITE 1 City & State		4. FEI Number 59-2342605 Applied For Not Applicable	
23 POMPANO BEACH, FL Zip Country		28 POMPANO BEACH, FL Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33064		29 33064		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOFFMANN, NANCY L., ESQ. 4419 W. TRADEWINDS AVE. FORT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent			
				81 Name IRA GOLDMAN			
				82 Street Address (P.O. Box Number is Not Acceptable) 7515 NW 65 LANE			
				83			
				84 City PARKLAND			
				85 Zip Code FL 33067			

11. Pursuant to the provisions of Sections 607.01(2) and 607.1506, 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:


Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

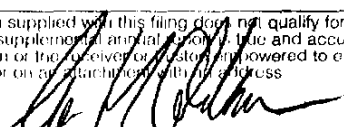
DATE

05/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HOFFMANN, PETER G	1.2 NAME	IRA GOLDMAN
STREET ADDRESS	2585 SE 12TH ST	1.3 STREET ADDRESS	7515 NW 65 LANE
CITY-ST-ZIP	POMPANO BEACH, FL 00000	1.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 custodian 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.

SIGNATURE:



4/28/98 954 917 4/07

CR2E034 (10/97)