


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 19 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 # L97864 (7)
 1. Corporation Name
PROFESSIONAL AUCTIONS UNLIMITED, INC.



Principal Place of Business 710 KINGLEY AVE ORANGE PARK FL 32073 US	Mailing Address 510 KINGSLY AVE ORANGE PARK FL 32073 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1990

4. FEI Number
65-0210044

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**PLUMLEE, CHARLES LOUIS
 815 SANDLEWOOD DRIVE
 ORANGE PARK FL 32065**
*811 Tournament Rd
 Ponte Vedra, FL 32082*

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VST
NAME	PLUMLEE, CHARLES L.	1.2 NAME	Thomas C. Plummer
STREET ADDRESS	815 SANDLEWOOD DR	1.3 STREET ADDRESS	1426 BARRIER ST #4
CITY-ST-ZIP	ORANGE PARK FL 32065	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VST	2.1 TITLE	
NAME	SHIVELY, DAVID C	2.2 NAME	
STREET ADDRESS	2132 HOLLY LEAF LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	
NAME	ENGLEMAN, JOHN	3.2 NAME	
STREET ADDRESS	2699 GREENWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBERG FL 32068	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 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.

SIGNATURE _____

CR2E034 (5/98)