

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90148 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 836095

1. Corporation Name
 IRE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % KOLL REAL ESTATE GROUP, INC. 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660
 Mailing Address: % KOLL REAL ESTATE GROUP, INC. 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660

3. Date incorporated or Qualified: 03/19/1976

2. Principal Place of Business: 21 50 CALIFORNIA COASTAL COMMUNITIES INC. 6 EXECUTIVE CIRCLE, STE. 250 IRVINE, CA 92614 USA
 2a. Mailing Address: 26 50 CALIFORNIA COASTAL COMMUNITIES INC. 6 EXECUTIVE CIRCLE, STE. 250 IRVINE, CA 92614 USA

4. FEI Number: 35-0912947

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301

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 (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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PACINI, RAYMOND J	
STREET ADDRESS	4343 VON KARMAN AVENUE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCIUTTO, SANDRA G	
STREET ADDRESS	4343 VON KARMAN AVENUE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSH, CHRISTINE	
STREET ADDRESS	4343 VON KARMAN AVENUE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PACINI, RAYMOND J.	
1.3 STREET ADDRESS	6 EXECUTIVE CIRCLE, STE. 250	
1.4 CITY-ST-ZIP	IRVINE, CA 92614	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCIUTTO, SANDRA G.	
2.3 STREET ADDRESS	6 EXECUTIVE CIRCLE, STE. 250	
2.4 CITY-ST-ZIP	IRVINE, CA 92614	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUSH, CHRISTINE	
3.3 STREET ADDRESS	6 EXECUTIVE CIRCLE, STE. 250	
3.4 CITY-ST-ZIP	IRVINE, CA 92614	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Sandra G. Sciutto 3/1/99 (949) 250-7783
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)