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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006900 (1)

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC

526 E. PARK AVENUE

TALLAHASSEE FL 32301

KOLL CONTRACTORS, INC.

| Principal Place of Business | | Mailing Address | | | |
|-------------------------------------|------------|---|------------|---|-----------------------------------|
| 4343 VON KARMAN NEWPORT BEACH CA | N 82660 | 4343 von Karman Newport Beach ca 92660 | | | |
| , | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | Date Incorporated or Qualified 12/29/1997 | |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | | [26] | | 33-0725821 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |

City 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

81

83

| agent. I a | rm familiar with, and accept the obligations of, section 607.0505, Flor | rida Statutes. | | | | | |
|---|--|-----------------------|---|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE NAME | PC [_] DELETE KOLL, DONALD M | 1.1 TITLE 1.2 NAME | WIRTA, RAYMOND E. Change Addition 4343 VON KARMAN AVE. | | | | |
| | 4343 VON KARMAN AVENUE | | 4343 VON KARMAN AVE. | | | | |
| STREET ADDRESS | NEWPORT BEACH CA 92660 | 1.3 STREET ADDRESS | NEWFORT BEACH, CA 92660 | | | | |
| CITY-ST-ZIP | The state of the s | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | f"I pereie | 2.1 TITLE | Change Addition | | | | |
| NAME | KOSKI, MICHAEL L | 2.2 NAME | LAIDLAW, VICTOR D. Li Change D& Addition 4343 VON KARMAN AVE. | | | | |
| STREET ADDRESS | 7031 CENTER PARKWAY, #150 | 2.3 STREET ADDRESS | 4345 400 0000000000000000000000000000000 | | | | |
| CITY-ST-ZIP | PLEASANTON CA 94566 | 2.4 CITY-ST-ZIP | Newport BEACH, CA 9260 | | | | |
| TITLE | S DELETE | 3.1 TITLE | Change Addition | | | | |
| NAME | BUCK, SYDNEY E | 3.2 NAME | | | | | |
| STREET ADDRESS | 4343 VON KARMAN AVENUE | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | NEWPORT BEACH CA 92660 | 3.4 CITY-ST-ZIP | | | | | |
| TITLE | CFO DELETE | 4.1 TITLE | Change Addition | | | | |
| NAME | MIZELL, JAMES E II | 4.2 NAME | | | | | |
| STREET ADDRESS | 4343 VON KARMAN AVENUE | 4.3 STREET ADDRESS | i. | | | | |
| CITY-ST-ZIP | NEWPORT BEACH CA 92660 | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE | 5.1 TiTLE | Change Addition | | | | |
| NAME | | 5.2 NAME | , | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE | 6.1 YITLE | Change Addition | | | | |
| NAME | • | 6.2 NAME | 1 | | | | |
| 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 the true appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Aug 26 1998 8:00am

Secretary of State

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

10. Name and Address of New Registered Agent

211-7030