


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

FILED

May 04 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 # P40265
1. Corporation Name
NORFOLK MAINTENANCE CORPORATION

Principal Place of Business 3353 MICHELSON DRIVE IRVINE CA 92698	Mailing Address 3353 MICHELSON DRIVE 551M IRVINE CA 92698
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1992	
4. FEI Number 33-0527951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent NRA SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 FL	86 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	
TITLE	P <input type="checkbox"/> DELETE
NAME	STEIN, J.C.
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE, CA 92698
TITLE	C <input type="checkbox"/> DELETE
NAME	SNELGROVE, C.D.
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE, CA 92698
TITLE	SD <input type="checkbox"/> DELETE
NAME	FISHER, L.N.
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE, CA 92698
TITLE	V <input type="checkbox"/> DELETE
NAME	MURDOCK, D.M.
STREET ADDRESS	100 FLUOR DANIEL DRIVE
CITY-ST-ZIP	GREENVILLE, SC 29607
TITLE	AT <input type="checkbox"/> DELETE
NAME	MORROW, T.H.
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE, CA 92698
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	800002510828
5.2 NAME	-05/05/98--01061--011
5.3 STREET ADDRESS	***150.00
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.

SIGNATURE: T.H. MORROW, ASST.TREASURER 4/16/98 (714) 975-6944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0528199