

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831210 (0)

1. Corporation Name
DRILTECH INC.



Principal Place of Business DRILTECH DRIVE, SR 235 P.O. BOX 338 ALACHUA FL 32615	Mailing Address DRILTECH DRIVE, SR 235 P.O. BOX 338 ALACHUA FL 32615
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 11/02/1973	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1488079	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MULLIS, HAROLD W., JR.
2600 FIRST FLORIDA TOWER
TAMPA FL 33601**

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: *[Signature]* DATE: *[Date]*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MASSEL, LORNE
STREET ADDRESS	1 DRILTECH DRIVE
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KIVIMAKI, SEPPO
STREET ADDRESS	782 N.W. 42ND AVE., SUITE 429
CITY-ST-ZIP	MIAMI FL
TITLE	VO <input type="checkbox"/> DELETE
NAME	WALSH, JOHN R.
STREET ADDRESS	1 DRILTECH DR
CITY-ST-ZIP	ALACHUA FL
TITLE	VO <input type="checkbox"/> DELETE
NAME	PEARCE, RICHARD
STREET ADDRESS	1 DRILTECH DR
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAKALA, ILKKA
STREET ADDRESS	1 DRILTECH DRIVE
CITY-ST-ZIP	ALACHUA FL
TITLE	VO <input type="checkbox"/> DELETE
NAME	RICHARDSON, TED
STREET ADDRESS	1 DRILTECH DRIVE
CITY-ST-ZIP	ALACHUA FL

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
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 do 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: *[Signature]* DATE: **04/28/97** DAYTIME PHONE #: **904 4624100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)