

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 831210 (0)

1. Corporation Name
DRILTECH INC.



Principal Place of Business DRILTECH DRIVE, SR 235 P.O. BOX 336 ALACHUA FL 32615	Mailing Address DRILTECH DRIVE, SR 235 P.O. BOX 336 ALACHUA FL 32615
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/02/1973	
4. FEI Number 59-1488079	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	

9. Name and Address of Current Registered Agent

**MULLIS, HAROLD W., JR.
 2800 FIRST FLORIDA TOWER
 TAMPA FL 33801**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	WALSH, JOHN R.	
STREET ADDRESS	1 DRILTECH DR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VO	<input checked="" 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 checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALSH, JOHN R.	
1.3 STREET ADDRESS	1 DRILTECH DR	
1.4 CITY-ST-ZIP	ALACHUA, FL 32615	
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	SECT/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KELLY, JON	
3.3 STREET ADDRESS	1 DRILTECH DR	
3.4 CITY-ST-ZIP	ALACHUA, FL 32615	
4.1 TITLE	KOTOLA, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KOTOLA, MATZI	
4.3 STREET ADDRESS	1 DRILTECH DR	
4.4 CITY-ST-ZIP	ALACHUA, FL 32615	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANNAMATZ, AKE	
5.3 STREET ADDRESS	780 N.W. 42ND AVE, SUITE 323	
5.4 CITY-ST-ZIP	MIAMI, FL 33126	
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.

CR2E034 (10/97)