

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

FILED

**Jul 31 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 # P25139 (7)
1. Corporation Name
TAMROCK HRM WESTERN HEMISPHERE, INC.



Principal Place of Business: 780 N.W. 42ND AVE., SUITE 323 MIAMI FL 33126
Mailing Address: 780 N.W. 42ND AVE., SUITE 323 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 07/11/1989
4. FEI Number: 65-0127777
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0505 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: *April 20/98*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIVIMAKI, SEPPO	
STREET ADDRESS	780 N.W. 42ND AVE., SUITE 323	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCCA, PAT	
STREET ADDRESS	780 N.W. 42ND AVE., SUITE 323	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASE, HOWARD T	
STREET ADDRESS	PENN CENTER WEST, SUITE 120	
CITY-ST-ZIP	PITTSBURGH PA 15276	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNAMATZ, AKE	
1.3 STREET ADDRESS	780 N.W. 42ND AVE, SUITE 323	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KELLY, JON	
3.3 STREET ADDRESS	P.O. Box 338, DRILTECH DR S.R235	
3.4 CITY-ST-ZIP	ALACHUA, FL 32615	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1 DRILTECH DRIVE	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002605495	
5.3 STREET ADDRESS	-08/03/98--01076--045	
5.4 CITY-ST-ZIP	***150.00	
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: *[Signature]* DATE: *April 20/98*

CR2E034 (10/97)