

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

95 MAR - 1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 569569 (7)

SEABULK TRANSMARINE II, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2200 ELLER DRIVE 2200 ELLER DRIVE
P.O. BOX 13038 P.O. BOX 13038
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified 04/28/1978 3a. Date of Last Report 04/11/1994
4. FEI Number 59-1835095 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
DOUGLAS, GENE
2200 ELLER DRIVE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 (Print name, title of person signing as registered agent, and the date of signature) (Print Registered Agent signature (required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HVIDE, J ERIK
STREET ADDRESS	2200 ELLER DR.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	CD
NAME	HVIDE, HANS J
STREET ADDRESS	2200 ELLER DR.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	VTD
NAME	FARMER, GERALD
STREET ADDRESS	2200 ELLER DR.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	VS
NAME	DOUGLAS, GENE
STREET ADDRESS	2200 ELLER DR.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	V
NAME	SWEENEY, EUGENE F
STREET ADDRESS	2200 ELLER DR.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Delete	<input checked="" 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	V/D	<input checked="" 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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that this information is not from and accounts and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, or have been empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears on this report as changed, or corrected, stated with an address.

SIGNATURE: *Gene Douglas*
Gene Douglas VP & Sec.

2/15/95 Date (305) 524-4200 (Typed Name) 13xt800