

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

FILED
Jun 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 # **838249** (1)
1. Corporation Name
GENERAL OFFSHORE CORPORATION



Principal Place of Business 2805 STIRLING ROAD PO BOX 21726 FT LAUDERDALE FL 33335	Mailing Address 2805 STIRLING ROAD PO BOX 21726 FT LAUDERDALE FL 33335
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1708863	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MITCHELL, ROGER P. 2805 STIRLING ROAD FT. LAUDERDALE FL 33312		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRON, BRENDAN J.	1.2 NAME	
STREET ADDRESS	112 S. ALFRED STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	1.4 CITY-ST-ZIP	
TITLE	CS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, JON R.	2.2 NAME	
STREET ADDRESS	112 S. ALFRED ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIGERT, JAMES	3.2 NAME	
STREET ADDRESS	HSS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SINGAPORE OFFICE FL	3.4 CITY-ST-ZIP	
TITLE	PS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDBERG, J. CLIFTON	4.2 NAME	
STREET ADDRESS	112 S. ALFRED STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROGER P.	5.2 NAME	
STREET ADDRESS	2805 STIRLING ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNIER, ROBERT	6.2 NAME	
STREET ADDRESS	2805 STIRLING RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 _____

CR2E034 (10/97)