## FILE, UN UH BEIG E DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SURJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	FIL 98 DEC 15	ED 5 PM 1: 40
1. Name of Limited Partnership SEABULK OFFSHORE, LTD.	<b>1a.</b> DOCUMENT # A29209		SEGNETANY OF STATE TALLAHABSEE, FLORIDA	
Mailing Address P.O. BOX 13038 2200 ELLER DRIVE FORT LAUDERDALE, FL. 33316	Principal Office Address P.O. BOX 13038 2200 ELLER DRIV FORT LAUDERDALE		3. Date Formed or Registered 11/13/1989  3a. Date of Last Report 12/12/1997  4. State or Country of Formation	5a. Capital Contributions as Shown on record.  \$50,998.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FLORIDA	)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	\$2,024,243 Applied For
City & State	City & State		65-0156025	Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to Dept of	State (See reverse side for fee information)
9. Name and Address of Current R	egistered Agent	Name	10. If changed, new Registered	Agent/Office
GENE DOUGLAS P.O. BOX 13038 2200 ELLER DRIVE FORT LAUDERDALE, FL. 33316			B. LAMM Box Number Is Not Acceptable)	FL Z <sub>ip</sub> Code
10a. Pursuant to the provisions of sections 620,1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Flor			
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED ANI			R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
SEABULK TANKERS, LTD.	2200 ELLER DRIVE	FT. I	AUDERDALE, FL.	A02063
			8000027 -12/15/ ***227	7125584 (* 93-01030-006 6.25 ****526.25
			doc	
Note: General partners MAY NOT b			<del></del>	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signs empowered to execute this report as required by chapte	ection 119.07(3)(k) in the event that the inf ture shall have the same legal effects as	ormation supplied is dee	med exempt from public access. I furthe	r certify that the information indicated on
SIGNATURE	<u> </u>	.d.,	DATE	2/9/98
Typed or Printed Name of General Partner Signing Form R	OBERT B. LAM	<b>N</b>	Daytime Telephone Number	54 523-2200