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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 034 ***150.00

DOCUMENT # **P95000013029**1. Corporation Name

SEABULK OFFSHORE INTERNATIONAL, INC.

								. 86 111 88 111 88 1			
Principal Place of Business Mailing Address						•					
2200 ELLER DRIVE P.O. BOX 13038					ļ						
BLDG. 27		FORT LAUDERDALE FL			1	DO NOT WRITE IN THIS SPACE					
FORT LAUDERD	ALE FL 33316				ŀ	3 Date	Incorporated or Q				
						-	5/1995				
2 Dringing D	ace of Business	2a. Mailing Address				4. FÉLN					Applied For
	ace of business				ĺ	65-0608734			-	Not Applicable	
21	# oto	Suite, Apt. #, etc.				רנס	10/J0/J4				Ad ditional
Suite, Apt. #, etc.		27			Ì	Certif	cate of Status Des	sired 🗌			Required
City & State		City & State				e Electi	or Campaign Fina	enning .		\$5.0	0 May Be
 		28			Í		Fund Contribution	- 11			d to Fees
Zip Country		Zip Country					co poration owes t		ear lota		
	25	29 3		-,	İ		onal Property Tax.	is curion y		Yes	[]No
24	9. Name and Address of Current		<u> </u>				e and Address of	New Regis	stere I A	gent	
	3. Name and Flad, 500 St Co. 1514	Acgionaria a gam	18	31 N							
D OU	GLAS, GENE →		1_		K.OL	SEKI	B. LA	MIN			
	ELLER DRIVE		8	32 S	treet Ad Ires	s (P.O. Bo	x Number is Not	Acceptable)			
	G. 27, PORT EVERGLADES STATI	ON	8	33							
	T LAUDERDALE FL 33316	511	1	L							
	DIODENDALE 12 00010		8	34 C	City				F∟	85 Zip	p Code
		CO7 4E09 Florido Statuto	the obe		amod comper	ation cubn	nit : this statement	for the our		hanning	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											
agent, I ar	n familiar with and accept the obligati	ans of, Section 607.0505, Florid	la Statut	es.				2.	1/22	100	ľ
SIGNATURE		nature required wi				12.4	<u> </u>				
	Signature, typet or permed nailive of registered agent OFFICERS AND		13.	gen sign	nature required wi		ICNS/CHANGES	TO OFFICE	RS / NI	DIREC1	TOFS IN 12
12.	CPD OFFICERS AINE	DELETE	1.1 TITU	 F		ADDII	10,011,110,20	10 011102		Change	
' '			1.2 NAM		Ì						_ {
NAME	HVIDE, J. ERIK		1.3 STREE		DESC						
STREET ADDRE 3S	2200 ELLER DRIVE BLDG. 27		L .		1						
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	☐ DELETE	2,1 TITL	'-ST-ZIP						Change	e Addition
TITLE	VTD	- Deterie	2.2 NAM		1					_ `	
NAME	BLANKLEY, JOHN H.		L.		-pr-00						
STREET ADDRESS	2200 ELLER DRIVE BLDG. 27		2.3 STRI								
CITY-ST-ZIP	FORT LAUDERDALE FL	☐ DELETE	2.4 CIT		<u> </u>					☐ Change	e Addition
TITLE	VD	□ DETE IE	3.1 TITL								
NAME	SWEENEY, EUGENE F		3.2 NAM								
STREET ADORESS	2200 ELLER DRIVE BLDG. 27		3.3 STRI								
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	□ DELETE	3.4 CIT		P					☐ Chang	e Addition
TITLE	V	← nere ie	4 1 TITL		}						
NAME	ZORKERS, WALTER S		4, 2 NAN								
STREET ADDRESS	2200 ELLER DRIVE			EETADE							
CITY-ST-ZIP	FT LAUDERDALE FL 33316	VI DELETE		-ST-ZIF	P					Chang	e Addition
I TITLE	-A3	DELETE	5.1 TITL		}					спану	
NAME STRONG, CHRISTOPHER D			5.2 NAME		DDECC.						
STREET ADDRI .SS -2200 ELLER DRIVE			5.3 STREET ADDRESS								
CITY-ST-ZIP	FT_LAUDERDALE FL_33316				P						o D Addition
TITLE		☐ DELETE	6.1 TITL							Chang	e
NAME			62 NAM								
STREET ADDRESS			•	EET ADD							
CITY, ST. 7IP			6.4 CITY	/-ST-ZIF	P						

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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 mange 1, or on an attactment with an address, with all other like empowered.

CR2E034 (11/98)