

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

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90026 015 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S38999

1. Corporation Name
AMERICAN OFFSHORE ENTERPRISES, INC.

Principal Place of Business
 2249 SW 15TH CT
 FT LAUDERDALE FL 33312

Mailing Address
 2249 SW 15TH CT
 FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1991

4. FEI Number
65-0249529

Applied For
 Not Applicable

2. Principal Place of Business
 21 **13711 Roanoke St.**

2a. Mailing Address
 26 **13711 Roanoke St.**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Davie FL.**

City & State
 28 **Davie, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33325** 25 **Broward**

Zip Country
 29 **33325** 30 **Broward**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIFFIN, ANDREW C.
 2249 SW 15TH CT
 FT LAUDERDALE FL 33312

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	KNIFFIN, ANDREW C
STREET ADDRESS	2249 SW 15TH CT <i>13711 Roanoke St.</i>
CITY-ST-ZIP	FT LAUDERDALE FL 33312 <i>Davie FL 33325</i>
TITLE	V <input type="checkbox"/> DELETE
NAME	KNIFFIN, CONNIE A
STREET ADDRESS	2249 SW 15TH CT <i>13711 Roanoke St.</i>
CITY-ST-ZIP	FT LAUDERDALE FL 33312 <i>Davie FL 33325</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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	<input 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 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, with all other like empowered.

SIGNATURE: *Connie Kniffin* 4/12/99 954 915 0048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)