

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

FILED

May 14 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 # P03033 (8)
1. Corporation Name
DELTA GULF CORPORATION



Principal Place of Business
P.O. BOX 5428
SHREVEPORT LA 71135

Mailing Address
P.O. BOX 5428
SHREVEPORT LA 71135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 72-0930712	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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
				FL	

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD & TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, LEON E.			1.2 NAME	WILLIAM A. LEONE		
STREET ADDRESS	2529 E 70TH ST, STE 100			1.3 STREET ADDRESS	2529 E. 70TH, STE 100		
CITY-ST-ZIP	SHREVEPORT LA			1.4 CITY-ST-ZIP	SHREVEPORT, LA 71105		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONE, W.A.			2.2 NAME			
STREET ADDRESS	2529 E 70TH ST, STE 100			2.3 STREET ADDRESS			
CITY-ST-ZIP	SHREVEPORT LA			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUICE, CLARENCE			3.2 NAME			
STREET ADDRESS	2529 E 70TH ST, STE 100			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHREVEPORT LA			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROAN, JOHN			4.2 NAME			
STREET ADDRESS	2529 E 70TH ST., STE 100			4.3 STREET ADDRESS			
CITY-ST-ZIP	SHREVEPORT LA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	JOE B. CALLOWAY, JR.		
STREET ADDRESS				5.3 STREET ADDRESS	2529 E. 70TH ST., SUITE 100		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	SHREVEPORT, LA 71105		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address.

SIGNATURE:  JOHNNY ROAN, SEC. 4-30-98 318-797-9300

CR2E034 (10/97)