

FILE 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

DOCUMENT # P94000045419

1. Corporation Name
BAYOU DELTA, INC.

Principal Place of Business

628 MICHIGAN BLVD.
DUNEDIN FL 33528

Mailing Address

628 MICHIGAN BLVD.
DUNEDIN FL 33528

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CHRISTNER, ALAN S JR. P.A.
401 SECOND STREET EAST
SUITE 231
INDIAN ROCKS BEACH FL 34635

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

Signature, typed or printed name of registered agent and title if applicable

(Typed) Registered Agent signature in your later to (Typed)

(Typed)

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	TUCKER, ALBERT O	
STREET ADDRESS	628 MICHIGAN BLVD	
CITY-STATE-ZIP	DUNEDIN FL	
TITLE	DVP	[] DELETE
NAME	CHRISTNER, ALAN S. J	
STREET ADDRESS	401 SECOND STREET EAST, STE 231	
CITY-STATE-ZIP	INDIAN ROCKS BEACH FL	
TITLE	DST	[] DELETE
NAME	GRAF, PATRICIA	
STREET ADDRESS	628 MICHIGAN BLVD	
CITY-STATE-ZIP	DUNEDIN FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
[] Change	[] Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Patricia D. Graf, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (727) 733-5731
Typed Name

0499219

CR2E034 (11/98)