

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003686 (0)
 1. Corporation Name
NIGERIAN CLUB OF TAMPA INC.



Principal Place of Business 11730 N. 15TH ST. SUITE B-7 TAMPA FL 33612	Mailing Address P.O. BOX 280303 TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1996		3a. Date of Last Report	
2. Principal Place of Business 21 9215 SHELLGROVE CT	2a. Mailing Address 26 9215 Shell Grove Ct	4. FEI Number 59-3443671	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State TAMPA, FLORIDA	28 City & State TAMPA, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33615 25 Country USA	29 Zip 33615 30 Country USA	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				10. Name and Address of New Registered Agent			
OMOREGIE, BERNARD 11730 N. 15TH ST. SUITE B-7 TAMPA FL 33612				81 Name	ANTHONY IGBINOSUN		
				82 Street Address (P.O. Box Number is Not Acceptable)	9215 Shell Grove Ct		
				83			
				84 City	Tampa	85 State	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Anthony Igbinosun* DATE **9-5-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGBINOSUN, ANTHONY			1.2 NAME			
STREET ADDRESS	9215 SHELLGROVE CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OMOREGIE, BERNARD			2.2 NAME			
STREET ADDRESS	11730 N. 15TH ST., SUITE B-7			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSAYAWE, JOHN			3.2 NAME			
STREET ADDRESS	10301 ORCHARD HILL CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OMOREGIE, DORA L			4.2 NAME			
STREET ADDRESS	11730 N. 15TH ST., SUITE B-7			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED *Anthony Igbinosun* *9/5/97* *812 444-4435*

CR2E037 (4/97)