


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
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 Suite, Apt. #, etc.		2a. Mailing Address 26 9215 Shell Grove Ct Suite, Apt. #, etc.	
City & State 23 TAMPA, FLORIDA Zip 24 33615		City & State 28 TAMPA, FLORIDA Zip 29 33615	
Country 25 USA		Country 30 USA	
4. FEI Number 59-3443671		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 OMOREGIE, BERNARD 11730 N. 15TH ST. SUITE B-7 TAMPA FL 33612		10. Name and Address of New Registered Agent 81 Name ANTHONY IGBINOSUN 82 Street Address (P.O. Box Number is Not Acceptable) 9215 Shell Grove Ct 83 84 City Tampa FL 85 Zip Code 33615	
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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  9-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	OSAYAWA, 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  9-5-97 812 444-4435

CR2E037 (4/97)