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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90096 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000023					
1. Corporation Name CITIZENS EMPOWERMENT, INC.					
Principal Place of Business 710 NE 166TH STREET NORTH MIAMI BEACH FL 33162			Mailing Address 710 NE 166TH STREET NORTH MIAMI BEACH FL 33162		



* 5 7 574691 - 90041 - 44 1 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0805749	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ODI, SAM 710 NE 166TH STREET NORTH MIAMI BEACH FL 33162				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 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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating.)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	OKEWUSI, KAYODA		1.1 TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME		14855 NW 16TH DRIVE		1.2 NAME			
STREET ADDRESS		MIAMI FL 33167		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	ABINA, BAYO		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		1380 NW 199TH ST.		2.2 NAME			
STREET ADDRESS		MIAMI FL 33169		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	AINA, OLUBUNMI		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		16851 NE 23RD AVE., #104		3.2 NAME			
STREET ADDRESS		NORTH MIAMI BEACH FL 33160		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	DANIELLE ROMER		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 653-0648
 Date Daytime Phone #

CR2E037 (11/98)