


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90250 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001326					
1. Corporation Name FEDERATION OF IKUN-EKITI DESCENDANTS UNION OVERS EAS, INC.					
Principal Place of Business 9966 DAFFODIL LANE MIRAMAR FL 33025			Mailing Address 9966 DAFFODIL LANE MIRAMAR FL 33025		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/06/1998 4. FEI Number 650-0823776 Applied For Not Applicable	
24		25		29	
9. Name and Address of Current Registered Agent AMERRAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	OGUNRINDE, DANIEL				
STREET ADDRESS	9966 DAFFODIL LANE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	AWOYEMI, MICHAEL				
STREET ADDRESS	9966 DAFFODIL LANE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KOLAWOLE, AYANLOLA				
STREET ADDRESS	9966 DAFFODIL LANE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BOMIDE, GABRIEL S DR				
STREET ADDRESS	9966 DAFFODIL LANE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DADA, MICHAEL A				
STREET ADDRESS	9966 DAFFODIL LANE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

Daytime Phone #

CR2E037 (1/98)