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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19822

1. Corporation Name

JUSTICE FOR ALL IN BROWARD, INC.

Principal Place of Business

1400 SISTRUNK BLVD
 FORT LAUDERDALE FL 33311
 US

Mailing Address

1400 SISTRUNK BLVD
 FT. LAUDERDALE FL 33311
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/25/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2750695
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	Country	
24	25	29
25	29	30

9. Name and Address of Current Registered Agent

ROSS, ISOM
 1191 NW 27 AVE
 FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOE		1.2 NAME	James Eubanks	
STREET ADDRESS	1050 NW 7 STREET		1.3 STREET ADDRESS	1300 NW 19 Ct.	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ISOM		2.2 NAME		
STREET ADDRESS	1191 NW 27 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, FRED E.		3.2 NAME		
STREET ADDRESS	1261 NW 24 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MAE OLLIE		4.2 NAME		
STREET ADDRESS	755 NW 13 TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, MATTIE L.		5.2 NAME	Bill Carlson	
STREET ADDRESS	2016 N.W. 7 CT.		5.3 STREET ADDRESS	5 NE 27 Ave.	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	Pompano Bch., FL 33062	
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, FANNIE		6.2 NAME	Darnell Mack	
STREET ADDRESS	100 SW 18 AVE		6.3 STREET ADDRESS	2230 NW 22 St	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	

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:

Isom Ross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (954) 764-5771
 Date Daytime Phone #

0035877

CR2E037- (41/98)