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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008188

AMENDMENT

1. Corporation Name
And Justice For All, Inc.

Principal Place of Business — Mailing Address — * change.
1500 N.W. 62 Street, Suite 404
Ft. Lauderdale, Florida 33309

3. Date Incorporated or Qualified: 1/22/96	3a. Date of Last Report: N/A
4. FEI Number: 65-0640975	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Brett Merl
1500 NW 62 Street, Suite 404
Ft. Lauderdale, Florida 33309

OK as listed / change address

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, CEO, Director	☒ Change ☐ Addition	Change
1.2 NAME	Brett Merl		
1.3 STREET ADDRESS	10213 Vestal Court		
1.4 CITY-ST-ZIP	Coral Springs, FL 33071		
2.1 TITLE	D/V	☐ Change ☐ Addition	
2.2 NAME	Howard Bernstein		Same
2.3 STREET ADDRESS	9635 NW 52 Manor		
2.4 CITY-ST-ZIP	Coral Springs, FL 33071		
3.1 TITLE	D/V	☐ Change ☐ Addition	
3.2 NAME	Jason Krause		Same
3.3 STREET ADDRESS	1885 Palm Cove Blvd # 203		
3.4 CITY-ST-ZIP	Delray, FL 33445		
4.1 TITLE	President, Director	☒ Change ☐ Addition	Change
4.2 NAME	Walter Kush		
4.3 STREET ADDRESS	4673 Shadybrook Dr, #102		
4.4 CITY-ST-ZIP	Boynton Bch, FL 33437		
5.1 TITLE	Secretary, Treas, Director	☐ Change ☒ Addition	
5.2 NAME	Matt Cohen		CC 8/1
5.3 STREET ADDRESS	10120 182nd Lane South		
5.4 CITY-ST-ZIP	Boca Raton, FL 33498		
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Treasurer MATTHEW COHEN 7-11-97 954-267-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #