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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005149 (8)

1. Corporation Name

TOGETHER AGAINST GANGS, INC.



Principal Place of Business	Mailing Address
SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431	SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431-4900

3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 07/23/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0613512	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHS, PETER S ESQ.
SACHS & SAX, P.A.
301 YAMATO ROAD, SUITE 4150
BOCA RATON FL 33431

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KLEIN, RONALD J
STREET ADDRESS	% 301 YAMATO ROAD, SUITE 4150
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> DELETE
NAME	SACHS, PETER S
STREET ADDRESS	% 301 YAMATO ROAD, SUITE 4150
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	TD <input type="checkbox"/> DELETE
NAME	GERONEMUS, LEONARD A
STREET ADDRESS	% 301 YAMATO ROAD, SUITE 3100F
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEHMAN, RICHARD S
STREET ADDRESS	2600 N. MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> DELETE
NAME	TURESKY, LEONARD
STREET ADDRESS	5301 N FEDERAL HWY. #160
CITY-ST-ZIP	BOCA RATON FL 33487
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	
2.1 TITLE	Vice President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Logan Pierson
2.3 STREET ADDRESS	2220 SW 11 Place
2.4 CITY-ST-ZIP	Boca Raton, Florida 33486
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	301 Yamato Road, Suite 3100
3.4 CITY-ST-ZIP	
4.1 TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Margaret Giani
6.3 STREET ADDRESS	21296 Purple Sage Lane
6.4 CITY-ST-ZIP	Boca Raton, Florida 33428

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:  RICHARD S. LEHMAN 3/10/97 (561) 368-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038769

CR2E037 (9/96)