


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005149 (8)**

1. Corporation Name

**TOGETHER AGAINST GANGS, INC.**



Principal Place of Business <b>SACHS &amp; SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b>	Mailing Address <b>SACHS &amp; SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431</b>
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3. Date Incorporated or Qualified

**11/01/1995**

4. FEI Number

**65-0613512**

Applied For  
Not Applicable

2. Principal Place of Business <b>21 1515 N. Federal Hwy</b> Suite, Apt. #, etc. <b>22 #210</b> City & State <b>23 Boca Raton, FL</b> Zip <b>24 33432</b>	2a. Mailing Address <b>26 1515 N. Federal Hwy</b> Suite, Apt. #, etc. <b>27 #210</b> City & State <b>28 Boca Raton, FL</b> Zip <b>29 33432</b> Country <b>25 Palm Bch.</b> <b>30 Palm Bch.</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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)	
83	
84 City	<b>FL</b>

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	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>QIANI, MARGARET</b>	1.2 NAME	<b>MCCARTY, MARY</b>
STREET ADDRESS	<b>21296 PURPLE SAGE LN</b>	1.3 STREET ADDRESS	<b>301 N. OLIVE AVENUE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SACHS, PETER S</b>	2.2 NAME	<b>PARKER, NANCY</b>
STREET ADDRESS	<b>% 301 YAMATO ROAD, SUITE 4150</b>	2.3 STREET ADDRESS	<b>5200 TOWN CENTER CIR., #600</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>GERONEMUS, LEONARD A</b>	3.2 NAME	
STREET ADDRESS	<b>301 YAMATO RD, 3100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHMAN, RICHARD S</b>	4.2 NAME	
STREET ADDRESS	<b>2800 N. MILITARY TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURESKY, LEONARD</b>	5.2 NAME	
STREET ADDRESS	<b>5301 N FEDERAL HWY. #160</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>PIERSON, LOGAN</b>	6.2 NAME	
STREET ADDRESS	<b>2220 SW 11 PL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	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.

SIGNATURE: **Leonard A. Geronemus, Treasurer**

**6/12/98**

**561 241 1040**

CP2E037 (10/97)