

FILE NOW: FILING FEE IS \$61.25

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**Jun 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431	Mailing Address SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431
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3. Date Incorporated or Qualified 11/01/1995	
4. FEI Number 65-0613512	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1515 N. Federal Hwy Suite, Apt. #, etc. 22 #210 City & State 23 Boca Raton, FL Zip 24 33432	2a. Mailing Address 26 1515 N. Federal Hwy Suite, Apt. #, etc. 27 #210 City & State 28 Boca Raton, FL Zip 29 33432 Country 30 Palm Bch.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	QIANI, MARGARET
STREET ADDRESS	21296 PURPLE SAGE LN
CITY-ST-ZIP	BOCA RATON FL
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 RD, 3100
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEHMAN, RICHARD S
STREET ADDRESS	2800 N. MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	TURESKY, LEONARD
STREET ADDRESS	5301 N FEDERAL HWY. #160
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PIERSON, LOGAN
STREET ADDRESS	2220 SW 11 PL
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCCARTY, MARY
1.3 STREET ADDRESS	301 N. OLIVE AVENUE
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PARKER, NANCY
2.3 STREET ADDRESS	5200 TOWN CENTER CIR., #600
2.4 CITY-ST-ZIP	BOCA RATON, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: **Leonard A. Geronemus, Treasurer** *6/12/98* 612198 561 241 1040

CF2E037 (10/97)