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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000063557 (1)**

1. Corporation Name
GAFFNEY PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
9375 SW 61 WAY SUITE A BOCA RATON FL 33428	9375 SW 61 WAY SUITE A BOCA RATON FL 33428-6198

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 6920 DAWNTREE CT.
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH, FL.
Zip 24 33467 Country 25 USA

2a. Mailing Address
26 P.O. BOX 740103
Suite, Apt. #, etc.
27
City & State
28 BOYNTON BEACH, FL.
Zip 29 33474-0103 Country 30 USA

4. FEI Number: 65-0440020 ☐ 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

9. **Name and Address of Current Registered Agent**
GAFFNEY, ROBERT D
9375 SW 61 WAY
SUITE A
BOCA RATON FL 33428

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6920 DAWNTREE CT.
83
84 City LAKE WORTH FL 85 Zip Code 33467

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GAFFNEY, ROBERT D		1.2 NAME		
STREET ADDRESS	9375 SW 61 WAY, STE. A		1.3 STREET ADDRESS	6920 DAWNTREE CT	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	VTS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GAFFNEY, SUSAN G		2.2 NAME		
STREET ADDRESS	9375 SW 61 WAY, STE. A		2.3 STREET ADDRESS	6920 DAWNTREE CT.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Susan G. Gaffney SUSAN G. GAFFNEY 4/10/97 561-7386003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #