


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90099 006 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002531**

1. Corporation Name

**FLORIDA FIREWORKS ASSOCIATION INC.**

Principal Place of Business

204 E MARTIN LUTHER KING BLVD  
TAMPA FL 33603

Mailing Address

204 E MARTIN LUTHER KING BLVD  
TAMPA FL 33603



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/01/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**HUNNEWELL, SHARON**  
204 E MARTIN LUTHER KING BLVD  
TAMPA FL 33603

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 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOZAR, STEVEN	1.2 NAME	CRAIG STEINHART
STREET ADDRESS	6910 W. WATERS APT. 1408	1.3 STREET ADDRESS	2501 NE 22 TERRACE
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNNEWELL, SHARON	2.2 NAME	ISAAC DICKSTEIN
STREET ADDRESS	204 E MARTIN LUTHER KING BLVD	2.3 STREET ADDRESS	768 EAST DANIA BEACH BLVD.
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	VAERETTI, BILL	3.2 NAME	
STREET ADDRESS	653 OLD ALBEE FARM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BOSTOCKY, JERRY	4.2 NAME	
STREET ADDRESS	555 MLK JR. BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH 44502	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	MARSH, KEVIN	5.2 NAME	
STREET ADDRESS	3286 W. NEW HAVEN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Sharon Hunnewell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President* 4/13/99 813-234-2264  
Date Daytime Phone #

CR2E037 (1/1/98)