


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90002 017 ****61.25

DOCUMENT # N97000002531 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUNNEWELL, SHARON 204 E MARTIN LUTHER KING BLVD TAMPA FL 33603				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINHART, CRAIG <input type="checkbox"/> Delete 2501 NE 22 TERRACE FT LAUDERDALE FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNNEWELL, SHARON <input type="checkbox"/> Delete 204 E MARTIN LUTHER KING BLVD TAMPA FL 33603				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAERETTI, BILL <input type="checkbox"/> Delete 653 OLD ALBEE FARM RD NOKOMIS FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSTOCKY, JERRY <input type="checkbox"/> Delete 555 MLK JR. BLVD. YOUNGSTOWN OH 44502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DICKSTEIN, ISAAC <input type="checkbox"/> Delete 768 E DANIA BEACH BLVD DANIA BEACH FL 33004				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sharon Hunnewell</u> Sharon Hunnewell					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/15/04 Daytime Phone # 913-234-2264					