

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000538030  
02/27/07-80046-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINHART, CRAIG 2501 NE 22 TERRACE FT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNNEWELL, SHARON 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAERETTI, BILL 653 OLD ALBEE FARM RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSTOCKY, JERRY 555 MLK JR. BLVD. YOUNGSTOWN, OH 44502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DICKSTEIN, ISAAC 788 E DANIA BEACH BLVD DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 954-9206770 ext 135  
Date Daytime Phone #