

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
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



03042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000863406
04/03/08-80091-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINHART, CRAIG
STREET ADDRESS	2501 NE 22 TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	PD
NAME	HUNNEWELL, SHARON
STREET ADDRESS	204 E MARTIN LUTHER KING BLVD
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	VD
NAME	VAERETTI, BILL
STREET ADDRESS	653 OLD ALBEE FARM RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S
NAME	BOSTOCKY, JERRY
STREET ADDRESS	555 MLK JR. BLVD.
CITY-ST-ZIP	YOUNGSTOWN, OH 44502
TITLE	T
NAME	DICKSTEIN, ISAAC
STREET ADDRESS	768 E DANIA BEACH BLVD
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-08 954-252-9329