FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000028809** (7)

PYROTECH INTERNATIONAL, INC.

Principal Place of Business Mailing Address							{				
NAPLES FL 33	850 FIFTH AVE. SOUTH NAPLES FL 34102-6806										
							3. Date Incorporated or Qualified 03/27/1996	3a. D	ate of Last I	Report	
			2a. Mailing Address	. Mailing Address			4. FEI Number		-	pplied For	
21			26			65 - 0678509 Not Applicable					
Suite, Apt 22	#, elc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & Sta	ite		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Žip	Count	ry	Zip	Cour	ntry		8. This corporation has liability for	r intangible			
24 3410	DZ. 25		29	30			Florida Statutes	Yes	□ No		
	9. Name and Addr	ess of Current	Registered Agent				10. Name and Address of New !	egistered	Agent		
	.DS, ALAN B			ļ	81	Name					
	FIFTH AVE. SOUTH PLES FL 33940			Ī	82	Street A	ddress (P.O. Box Number is Not Accept	able)			
***					83						
				Ì	84	City		FL	85 Zip	Code	
11. Pursuani	t to the provisions of Soc	tions 607.0502	and 607.1508, Florida Stat	utes, the at	ove	e-named o	corporation submits this statement for the	purpose d	of changing	its registered	
office or agent 1:	registered agent, or bot am tamiliar with and ac	h, in the State c cept the obligat	of Florida. Such change was ions of, Section 607,0505, I	s authorizec Florida Stati	d by utes	the corpo	corporation submits this statement for the oration's board of directors. I hereby acc	ept the ap	pointment a	s registered	
SIGNATURE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE	Segrature typing or printed han	e of registered agent	and title if applicable (No	OTE: Registered	Age	nt signature r	required when reinstating)	DATE			
12.		DEFICERS AND		13.			ADDITIONS/CHANGES TO OF	ICERS AN			
TIRE	D		DELETE	1.1 TIT	LE				L Change	Addition	
NAME	SMITH, JOHN A			1.2 NA	ME						
STREET ADDRESS		DUIH		1.3 \$1	REET	ADDRESS					
CHY+S1+ZiP	NAPLES FL 33940			1.4 CIT		T-ZIP	······	341	02_		
1iit,F	D		☐ DELETE	2.1 TIT	LE.	-			L. Change	Addition	
NAME	FRANZEN, JAMES	•		22 NA		ł					
STHEET ADDRESS	687 CARIBBEAN R			1		ADDRESS					
City-St-7iP	SATELLITE BEACH	FL 3293/	T printe	2 4 0		ST-ZIP				1.448	
1011.15	D SIGNO ALAM B		L_] DELETE	3.1 TIT		ļ			Change	Addition	
NAME	FIELDS, ALAN B	OLITU		3.2 NA							
STREET ADDRESS	850 FIFTH AVE. SI NAPLES FL 33940			1		ADDRESS		3410	2		
CITY-ST-ZIP TiTLE	D D		DELETE	3.4. CI 4.1 TiT		ST- ZIP		JHU	Change	Addition	
NAME	MCGEE, LOREN		_ bittelt	4.1 N					and ordingto	righton	
STREET ADDRESS	4000 0111 00011 4	VF				ADDRESS					
COY-ST ZII	DEERFIELD BEACH			4.4 CI							
TILLE	DECITI IEED DOTO	112 00112	DELETE	5.1 TIT		1-ZIF			Change	Addition	
NAME				5.2 NA		l					
STREET ADDRESS				ı		ADDRESS					
CHTY-ST-ZIP				5.4 CI		1					
TITLE			☐ DELETE	6.1 Til					Change	Addition	
NAME				62 NA	ME						
STREET ADDRESS				6.3 ST	REET	ADDRESS					
City - St - ZiP				6.4 CF							
14. I do here	eby certify that the inform	nation supplied	with this filing does not qui	alify for the	ехе	mption st	ated in Section 119.07(3)(i), Florida Stati	tes. I furthe	er certify that	It the	
Lani an appears	officer or director of the in Block 12 or Block 13	co poration or i	e receiver or trustee empo on an attachment with an a	owered to e ddress.	Xec	ute this re	ared in Section 119.07(3)(i), Florida Stati that my signature shall have the same le aport as required by Chapter 607, Florida	Statutes;	and that my	name	

SIGNATURE:

PRE AND TO BE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4.29.97

941.262-6677

FILED

May 07 1997 8:00am

Secretary of State