

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F33197** (7)

1. Corporation Name
HAR-ETT CORPORATION

Principal Place of Business

**363 ROCK ISLAND ROAD
BUILDING #7 APT. #203
MARGATE FL 33063**

Mailing Address

**363 ROCK ISLAND ROAD
BUILDING #7 APT. #203
MARGATE FL 33063-4925**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1981		04/11/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		06-5284408		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
27		32		Trust Fund Contribution		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29		34		35		36	

9. Name and Address of Current Registered Agent

**EISENSEN, BARRY A.
6000 W ATLANTIC BLVD
MARGATE FL 33063**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Type 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HARRY	1.2 NAME	
STREET ADDRESS	363 ROCK ISLAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ETTA	2.2 NAME	
STREET ADDRESS	363 ROCK ISLAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, MARVIN	3.2 NAME	
STREET ADDRESS	15 REBEL RUN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, MILTON	4.2 NAME	
STREET ADDRESS	9 SURREY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S GOLDMAN, BARBARA
STREET ADDRESS		5.3 STREET ADDRESS	15 Rebel Run Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S GOLDMAN, SHELLEY
STREET ADDRESS		6.3 STREET ADDRESS	9 SURREY LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (708) 257-1902

Date

Daytime Phone #

CR2E034 (9/96)