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

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

HAR-ETT CORPORATION

Principal Place of Business

failing Address	
A CHARLE LAME	

FILED

May 14 1998 8:00am

Secretary of State

ĺ	363 ROCK ISLAND ROAD BUILDING #7 APT. #203 MARGATE FL 33083		9 SURREY LANE BUILDING #7 APT. #203 EAST BRUSWICK NJ 08818 US	i		DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 05/01/1981	SPACE			
2.	Principal Place of Busi	ness	2a. Mailing Address		·	4. FEI Number	Applied For			
21			26 9 SURREY	LANE		06-5284408	Not Applicable			
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State		City & State 28 East BRUNS WICH	ζ, Ν.	J .	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Z ip	Country 25	29 08816 3	Country		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes X No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	EISENSON, E			81	Name					
6000 W ATLANTIC BLVD MARGATE FL 33063			82	82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				84	City	FL	85 Zip Code			
11	I. Pursuant to the provis	ions of Sections 607.0	502 and 607.1508, Florida Stalutes,	the above	e-named corp	poration submits this statement for the purpose of	changing its registered			

office or registered agent, or both, in the State of Horida. 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, lyind or picted came of registered again and to elf applicable. (NOTE Registered Againt signature required when reinstating). DATE											
12.	OFFICERS AND DIRECTORS		13.		TO OFFICERS AND DIRECTOR	RS IN 12					
TITLE	V	DELETE	1.1 HTLE		Change	Addition					
NAME	GOLDMAN, MARVIN		1.2 NAME								
STREET ADDRESS	15 REBEL RUN DRIVE		1.3 STREET ADDRESS								
CITY-ST-ZIP	EAST BRUNSWICK NJ		1.4 CITY-ST-ZIP								
TITLE	P	DELETE	2.1 TITLE		Change	Addition					
NAME	GOLDMAN, MILTON		2.2 NAME			l					
STREET ADDRESS	9 SURREY LANE		2.3 STREET ADDRESS								
CITY-ST-ZIP	EAST BRUNSWICK NJ		2. 4 CITY-S1-ZIP								
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change	Addition					
NAME	GOLDMAN, BARBARA		3.2 NAME			[
STREET ADDRESS	15 REBEL RUN DR		3.3 STREET ADDRESS								
CITY-ST-ZIP	EAST BRUNSWICK NJ		3 4. C(1) - ST - ZIP								
TITLE	\$	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition					
NAME	GOLDMAN, SHELLEY		4 2 NAMÉ			j					
STREET ADDRESS	9 SURREY LANE		4.3 STREET ADDRESS								
CITY-ST-ZIP	E BRUNSWICK NJ		4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS			İ					
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME			6.2 NAME.								
STREET ADDRESS			6.3 STREET ADDRESS								

14. Thereby 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 suppliemental 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

4/20/58 (732)257-1902