

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90091 050 ***158.75

DOCUMENT # F33197

1. Corporation Name
HAR-ETT CORPORATION

Principal Place of Business
**363 ROCK ISLAND ROAD
BUILDING #7 APT. #203
MARGATE FL 33063**

Mailing Address
**9 SURREY LANE
BUILDING #7 APT. #203
EAST BRUNSWICK NJ 08816
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1981

4. FEI Number
06-5284408

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **9 Surrey Lane**

27 Suite, Apt. #, etc.

28 **EAST BRUNSWICK, NJ**

29 **08816** 30 **US**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **GOLDMAN, MARVIN**
STREET ADDRESS **15 REBEL RUN DRIVE**
CITY-ST-ZIP **EAST BRUNSWICK NJ**

TITLE **P** ☐ DELETE
NAME **GOLDMAN, MILTON**
STREET ADDRESS **9 SURREY LANE**
CITY-ST-ZIP **EAST BRUNSWICK NJ**

TITLE **S** ☐ DELETE
NAME **GOLDMAN, BARBARA**
STREET ADDRESS **15 REBEL RUN DR**
CITY-ST-ZIP **EAST BRUNSWICK NJ**

TITLE **S** ☐ DELETE
NAME **GOLDMAN, SHELLEY**
STREET ADDRESS **9 SURREY LANE**
CITY-ST-ZIP **E BRUNSWICK NJ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9 BARKLEY CT**
1.4 CITY-ST-ZIP **EAST BRUNSWICK, NJ 08816**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **ADD ZIP - 08816**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **9 BARKLEY CT**
3.4 CITY-ST-ZIP **EAST BRUNSWICK, NJ 08816**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **ADD ZIP - 08816**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MILTON GOLDMAN

4/23/99
Date

(732) 257-1902
Daytime Phone #

CR2E034 (11/98)

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