

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

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**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

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
		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				6. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EISENSON, BARRY A. 6000 W ATLANTIC BLVD MARGATE FL 33063				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 _____ (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	P	<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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	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, if changed, or on an attachment with an address.

SIGNATURE: Walter Beden DATE: 4/24/97 (708) 257-1902

CR2E034 (9/96)