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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

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: **21** Suite, Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **30**

9 SURREY LANE
EAST BRUNSWICK, NJ
08816 USA

3. Date Incorporated or Qualified: **05/01/1981**

3a. Date of Last Report: **04/11/1996**

4. FEI Number: **06-5284408** Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

EISENSON, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, HARRY
STREET ADDRESS	363 ROCK ISLAND RD.
CITY-ST-ZIP	MARGATE FL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, ETTA
STREET ADDRESS	363 ROCK ISLAND RD.
CITY-ST-ZIP	MARGATE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	GOLDMAN, MARVIN
STREET ADDRESS	15 REBEL RUN DRIVE
CITY-ST-ZIP	EAST BRUNSWICK NJ
TITLE	V <input type="checkbox"/> DELETE
NAME	GOLDMAN, MILTON
STREET ADDRESS	9 SURREY LANE
CITY-ST-ZIP	EAST BRUNSWICK NJ
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S GOLDMAN, BARBARA
5.3 STREET ADDRESS	15 Rebel Run Drive
5.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816.
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S GOLDMAN, SHELLEY
6.3 STREET ADDRESS	9 SURREY LANE
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 Bedon **4/24/97** (708) 257-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)