


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

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

05-03-1999 90091 050 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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 BRUSWICK NJ 08816 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 9 Surrey Lane
22 City & State	27 East Brunswick, NJ
23 Zip Country	28 08816 US

3. Date Incorporated or Qualified <b>05/01/1981</b>	
4. FEI Number <b>06-5284408</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
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	V	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, MARVIN</b>	
STREET ADDRESS	<b>15 REBEL RUN DRIVE</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, MILTON</b>	
STREET ADDRESS	<b>9 SURREY LANE</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, BARBARA</b>	
STREET ADDRESS	<b>15 REBEL RUN DR</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, SHELLEY</b>	
STREET ADDRESS	<b>9 SURREY LANE</b>	
CITY-ST-ZIP	<b>E BRUNSWICK NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9 BARKLEY CT</b>
1.4 CITY-ST-ZIP	<b>EAST BRUNSWICK, NJ 08816</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>ADD ZIP - 08816</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>9 BARKLEY CT</b>
3.4 CITY-ST-ZIP	<b>EAST BRUNSWICK, NJ 08816</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>ADD ZIP - 08816</b>

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

**4/23/99** **(732) 257-1902**  
 Date Daytime Phone #

CR2E034 (11/98)