


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

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 05/01/1981	
4. FEI Number 06-5284408	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	85 Zip Code

FL

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	GOLDMAN, MARVIN	
STREET ADDRESS	15 REBEL RUN DRIVE	
CITY-ST-ZIP	EAST BRUNSWICK NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDMAN, MILTON	
STREET ADDRESS	9 SURREY LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOLDMAN, BARBARA	
STREET ADDRESS	15 REBEL RUN DR	
CITY-ST-ZIP	EAST BRUNSWICK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOLDMAN, SHELLEY	
STREET ADDRESS	9 SURREY LANE	
CITY-ST-ZIP	E BRUNSWICK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	9 BARKLEY CT
1.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ADD ZIP - 08816
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9 BARKLEY CT
3.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ADD ZIP - 08816
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 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)