

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 30 AM 10:15

DOCUMENT # **P96000004308 (8)**

1. Corporation Name  
**HANNA CUSTOM CARPET DESIGNS INC.**

Principal Place of Business  
**2800 ROBERT TRENT JONES DR. #931  
THE WATERFORD CLUB  
ORLANDO FL 32835**

Mailing Address  
**2800 ROBERT TRENT JONES DR. #931  
THE WATERFORD CLUB  
ORLANDO FL 32835**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1996</b>	
21. Suffix, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3353237</b>	Applied For <input type="checkbox"/> Not Applicable
25. <b>NICHOLAS ADELONE, CA</b>		26. <b>4 TAFT PLACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>	
27. <b>ALBERTSON, NY</b>		28. <b>11507</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29. <b>USA</b>		30. <b>USA</b>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAUD, HANNA 2800 ROBERT TRENT JONES DR. #931 THE WATERFORD CLUB ORLANDO FL 32835</b>		10. Name and Address of New Registered Agent	
01. Name <b>KAUD HANNA</b>	02. Street Address (P.O. Box Number is Not Acceptable) <b>240 STEAMBOAT BLVD.</b>	03. City <b>DAVENPORT</b>	04. State <b>FL</b>

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 of registered agent and filer of application)  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-13)	
1. TITLE <b>P</b>	<input type="checkbox"/> DELETE	1. TITLE <b>KAUD HANNA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>KAUD, HANNA</b>		2. NAME <b>240 STEAMBOAT BLVD.</b>	
3. STREET ADDRESS		3. STREET ADDRESS <b>DAVENPORT, FL 33837</b>	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE <input type="checkbox"/> DELETE		5. TITLE <b>400003007674-5</b>	
6. NAME		6. NAME <b>-10/06/99-01080-008</b>	
7. STREET ADDRESS		7. STREET ADDRESS <b>***315.00 ***315.00</b>	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE <input type="checkbox"/> DELETE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE <input type="checkbox"/> DELETE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. 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)(1), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

*Nicholas Agnone*  
Certified Public Accountant  
864 Willis Avenue Suite #4  
Albertson, NY 11507

MEMBER AICPA  
MEMBER NYSSCPA

Telephone 516-873-1201  
516-873-2574  
Fax 516-873-3985

September 22, 1999

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399-0250

RE: *Hanna Custom Carpet Designs Inc.*  
240 Steamboat Blvd., Davenport, FL 32314  
EIN: 59-3353237  
REF# P96000004308

Dear Debbie Lollie:

Enclosed you will find all the documents you requested. There is also a check for \$ 315.00.

As per our conversation, the above named Company has filed a delinquent Annual Report due to a illness of a close family member in the State of New York. That illness resulted in a death and further difficult times and responsibilities including estate related matters. *March 98 - July, Aug 98*

The Company also moved from Orlando to Davenport, Florida. This also contributed to the difficulties of communications between the Company and your Department.

The period of time of which the Company was subject to these other issues was from approximately February 1998 thru August 1998.

We appreciate your time and consideration regarding this matter. As I have explained on our phone conversation and to other members of your department, the Company was subject to a difficult hardship. We always wished to pay out taxes when due and keep our records in order.

Please do correspond with us as to the status of this issue.

Sincerely,

Nicholas Agnone