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**Mar 25 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 # 854604

(6)

1. Corporation Name
ASCOT DRAPERY COMPANY, INC.



Principal Place of Business
**9798 SE MARICAMP ROAD
OCALA FL 32672**

Mailing Address
**503 SOUTH MAIN STREET
NAPPANEE IN 46550-2531**

3. Date Incorporated or Qualified 11/05/1982	3a. Date of Last Report 03/19/1996
4. FEI Number 35-1381338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**LEXIS DOCUMENTS SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1138, 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 of said corporation with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Alan Sands* VP **3/11/97**
(Signature of Person in Charge of Incorporation, if applicable) (Date) (Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	YODER, HOWARD E.	
STREET ADDRESS	3105 CRABTREE LANE	
CITY, ST, ZIP	ELKHART IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANNING, KENNETH J.	
STREET ADDRESS	12121 N CAMELOT TRAIL	
CITY, ST, ZIP	MILFORD IN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDS, ALAN	
STREET ADDRESS	67855 COUNTY ROAD 31	
CITY, ST, ZIP	GOSHEN IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LEE	
STREET ADDRESS	105 EAST LINCOLN	
CITY, ST, ZIP	NAPPANEE IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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	<input 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 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 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: *Alan Sands* VP **3/11/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (9/96)