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FILED
Jul 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

"AMEND"

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: 11/05/82
4. FEI Number: 35-1381338
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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 (81-85) fields.

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 family or wife, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	Yoder, Howard E	
STREET ADDRESS	3105 Crabtree Lane	
CITY-ST-ZIP	Elkhart, IN 46514	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Manning, Kenneth J.	
STREET ADDRESS	12121 N. Camelot Trail	
CITY-ST-ZIP	Milford, IN 46542	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Sands, Alan	
STREET ADDRESS	67855 County Road 31	
CITY-ST-ZIP	Goshen, IN 46526	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Richardson, Lee	
STREET ADDRESS	105 East Lincoln	
CITY-ST-ZIP	Nappanee, IN 46550	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Yoder, Howard E.	
13 STREET ADDRESS	3026 Twin Pines Pointe	
14 CITY-ST-ZIP	Elkhart, IN 46514	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Richardson, Lee	
43 STREET ADDRESS	503 South Main Street	
44 CITY-ST-ZIP	Nappanee, IN 46550	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, upon an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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