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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P40546 (4)
1. Corporation Name
ASHLEY FURNITURE INDUSTRIES, INC.



Principal Place of Business: ONE ASHLEY WAY, ARCADIA WI 54612
Mailing Address: ATTN: BILL KOSLO, 108 WEST MAIN STREET, ARCADIA WI 54612-1328

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 02/13/1996
4. FEI Number: 39-1141201
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Attn: Sue Reuter, Suite, Apt. #, etc.: 27 One Ashley Way, City & State: 28 Arcadia WI, Zip: 29 54612, Country: 30 USA

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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: Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WANER, RONALD G.	
STREET ADDRESS	417 KING ST.	
CITY-ST-ZIP	ARCADIA WI	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	VOGEL, CHARLES H. E.	
STREET ADDRESS	W. 7477 NORTSHORE DR.	
CITY-ST-ZIP	ONALASKA WI	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, ROBERT J.	
STREET ADDRESS	2154 GRANDVIEW BLVD	
CITY-ST-ZIP	ONALASKA WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WANER TODD R	
STREET ADDRESS	RT 4	
CITY-ST-ZIP	ARCADIA WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BARCLAY RICHARD V	
STREET ADDRESS	N5479 COUNTY TRUNK ZM	
CITY-ST-ZIP	ONALASKA WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RIPPLEY PAULETTE W	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	ARCADIA WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres. of Upnl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ben Vogel	
1.3 STREET ADDRESS	2529 Woodgreen	
1.4 CITY-ST-ZIP	Beldor, MS 38826	
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	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Todd R. Waner	
4.3 STREET ADDRESS	W26921 Reit Lane	
4.4 CITY-ST-ZIP	Arcadia WI 54612	
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: [Signature] DATE: 5-11-97 608

CR2E034 (9/96)