


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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40546 (4)

1. Corporation Name
ASHLEY FURNITURE INDUSTRIES, INC.



Principal Place of Business ONE ASHLEY WAY ARCADIA WI 54812	Mailing Address ONE ASHLEY WAY ARCADIA WI 54612 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1992

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 39-1141201	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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

**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

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WANEK, 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 NORTHSHORE DR.	
CITY-ST-ZIP	ONALASKA WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VOGEL, BEN	
STREET ADDRESS	2529 WOODGREEN	
CITY-ST-ZIP	BELDON MS	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	WANEK, TODD R	
STREET ADDRESS	W 28921 REIT LN	
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	<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 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.

P.R. ... 2-17-98 608-...

CR2E034 (10/97)