

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P40546

1. Corporation Name
ASHLEY FURNITURE INDUSTRIES, INC.

Principal Place of Business

**ONE ASHLEY WAY
 ARCADIA WI 54612**

Mailing Address

**ONE ASHLEY WAY
 ARCADIA WI 54612
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1992

4. FEI Number

39-1141201

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

FL

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

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 DELETE
 NAME **CD WANEK, RONALD G.**
 STREET ADDRESS **417 KING ST.**
 CITY-ST-ZIP **ARCADIA WI**

TITLE DELETE
 NAME **VDS VOGEL, CHARLES H. E.**
 STREET ADDRESS **W. 7477 NORTHSHORE DR.**
 CITY-ST-ZIP **ONALASKA WI**

TITLE DELETE
 NAME **VP VOGEL, BEN**
 STREET ADDRESS **2529 WOODGREEN**
 CITY-ST-ZIP **BELDON MS**

TITLE DELETE
 NAME **PT WANEK, TODD R**
 STREET ADDRESS **W 26921 REIT LN**
 CITY-ST-ZIP **ARCADIA WI**

TITLE DELETE
 NAME **AT BARCLAY RICHARD V**
 STREET ADDRESS **N5479 COUNTY TRUNK ZM**
 CITY-ST-ZIP **ONALASKA WI**

TITLE DELETE
 NAME **AS RIPPLEY PAULETTE W**
 STREET ADDRESS **RT 1**
 CITY-ST-ZIP **ARCADIA WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Richard Barclay*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

6881
 333-6210
 Daytime Phone #

CR2F034 (11/98)