

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 356090 (1)
 1. Corporation Name
FLEETWOOD HOMES OF FLORIDA, INC.



Principal Place of Business C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US	Mailing Address C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US
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3. Date Incorporated or Qualified 12/01/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1295435	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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. 25.	29. 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TAS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARKIN, LYLE N.		1.2 NAME
STREET ADDRESS 3125 MYERS ST. BOX 7638		1.3 STREET ADDRESS
CITY-ST-ZIP RIVERSIDE, CA 00000		1.4 CITY-ST-ZIP
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUMMER, GLENN F		2.2 NAME
STREET ADDRESS 3125 MYERS ST. BOX 7638		2.3 STREET ADDRESS
CITY-ST-ZIP RIVERSIDE, CA 00000		2.4 CITY-ST-ZIP
TITLE VS	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEAR, WILLIAM H		3.2 NAME
STREET ADDRESS 3125 MYERS ST. BOX 7638		3.3 STREET ADDRESS
CITY-ST-ZIP RIVERSIDE, CA 00000		3.4 CITY-ST-ZIP
TITLE C	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CREAN, JOHN C		4.2 NAME
STREET ADDRESS 3125 MYERS ST. BOX 7638		4.3 STREET ADDRESS
CITY-ST-ZIP RIVERSIDE, CA 00000		4.4 CITY-ST-ZIP
TITLE CV	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BINGHAM, PAUL M		5.2 NAME
STREET ADDRESS 3125 MYERS ST. BOX 7638		5.3 STREET ADDRESS
CITY-ST-ZIP RIVERSIDE, CA 00000		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** *LARKIN - TRINUMM* **4/17/97** **(909) 351-3797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)

FLEETWOOD HOMES OF FLORIDA, INC.
OFFICERS AND DIRECTORS OF
MANUFACTURED HOUSING SUBSIDIARIES OF
FLEETWOOD ENTERPRISES, INC.

John C. Crean	Chairman of the Board and Chief Executive Officer
Glenn F. Kummer	President, Chief Operating Officer and Director
Paul M. Bingham	Financial Vice President and Assistant Secretary and Director
Jon A. Nord	Senior Vice President - Housing Group
Elden L. Smith	Senior Vice President - RV Group
William H. Lear	Vice President - General Counsel and Secretary and Director
Robert W. Graham	Vice President - Administration and Human Resources
Lyle N. Larkin	Treasurer and Asst. Secretary
Jerry L. Hewitt	Vice President - Quality

ALL CORRESPONDENCE DIRECTED TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638
RIVERSIDE, CA 92513-7638

5/1/96