

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Py 192

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 592142 (4)

1. Corporation Name
FLEETWOOD HOLIDAYS, INC.



Principal Place of Business	Mailing Address
C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-4638	C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-4638

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

3. Date Incorporated or Qualified 11/02/1978	3a. Date of Last Report 05/01/1995
4. FEI Number 95-3406951	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 checked="" type="checkbox"/> No	

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

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 signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CREAN, JOHN C	
STREET ADDRESS	3125 MYERS ST, BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUMMER, GLENN F	
STREET ADDRESS	3125 MYERS ST, BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	
TITLE	CV	<input type="checkbox"/> DELETE
NAME	BINGHAM, PAUL M	
STREET ADDRESS	3125 MYERS ST, BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEAR, WILLIAM H.	
STREET ADDRESS	3125 MYERS ST, BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	LARKIN, LYLE N.	
STREET ADDRESS	3125 MYERS ST, BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	WEIDE, WILLIAM	
STREET ADDRESS	3125 MYERS ST BOX 7638	
CITY-ST-ZIP	RIVERSIDE, CA 00000	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lyle Larkin* Lyle Larkin 4/24/96 (909) 351-3797

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OFFICERS AND DIRECTORS OF
FLEETWOOD HOLIDAYS, INC.

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

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

P. O. BOX 7638
RIVERSIDE, CA 92513-7628

4/24/95