

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P11685** (5)

1. Corporation Name
FLEETWOOD SYSTEMS, INC.



Principal Place of Business: **621 E. PLAINFIELD ROAD COUNTRYSIDE IL 60525**
Mailing Address: **621 E. PLAINFIELD ROAD COUNTRYSIDE IL 60525**

3. Date Incorporated or Qualified: **10/06/1986**
3a. Date of Last Report: **01/26/1995**

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

4. FEI Number: **36-2441641**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (Typed or Printed Name of Registered Agent or Director) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOJDEN, WALLACE W.	
STREET ADDRESS	403 WARREN TERRACE	
CITY-ST-ZIP	HINSDALE IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOJDEN, ANDREW E.	
STREET ADDRESS	223 MAPLE	
CITY-ST-ZIP	HINSDALE IL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARLSON, LAWRENCE S.	
STREET ADDRESS	2192 ROMM	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMANN, ROBERT M.	
STREET ADDRESS	105 E. FIRST STREET	
CITY-ST-ZIP	HINSDALE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOJDEN, DANIEL	
STREET ADDRESS	63 BONNIE LN	
CITY-ST-ZIP	CLARENDON HILLS IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lawrence S. Carlson* Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE S. CARLSON

1/27/96 708-759-4580
Daytime Phone #

CR2E034 (12/95)