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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90033 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P31731**

1. Corporation Name
FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.

Principal Place of Business
**3125 MYERS STREET
 RIVERSIDE CA 92503-5527**

Mailing Address
**3125 MYERS ST. PO BOX 7638
 ATTN: TAX DEPT
 RIVERSIDE CA 92531-7638
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 **92513-7638** 30

3. Date Incorporated or Qualified
11/09/1990

4. FEI Number
52-0892953

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KUMMER, G F	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KUMMER, GLENN F.	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BINGHAM, PAUL M.	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEAR, W H	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BETCHER, C D	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA 92503	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	LARKIN, L N	
STREET ADDRESS	3125 MYERS ST	
CITY-ST-ZIP	RIVERSIDE CA 92503	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P / COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POTTER, N W	
2.3 STREET ADDRESS	3125 MYERS ST	
2.4 CITY-ST-ZIP	RIVERSIDE CA 92513	
3.1 TITLE	V / AS/D	<input checked="" 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	V / T / AS	<input checked="" 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (909) 351-3797
 Date Daytime Phone #

CR2E034 (1/198)

USDA (03)

OFFICERS AND DIRECTORS OF
TRAVEL TRAILERS SUBSIDIARIES OF
FLEETWOOD ENTERPRISES, INC.

544965-90033-33
#P317 31

Glenn F. Kummer

Nelson W. Potter

Mallory S. Smith
Richard E. Parks
Paul M. Bingham

William H. Lear

Carl D. Betcher
Lyle N. Larkin

Chairman of the Board and
Chief Executive Officer
President, Chief Operating
Officer and Director
Senior Vice President - Housing Group
Senior Vice President - RV Group
Senior Vice President - Finance
Assistant Secretary and Director
Vice President - General Counsel and Secretary
and Director
Vice President - Travel Trailer Division
Treasurer and Asst. Secretary

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

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

1/13/98