

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 # 813809 (1)

1. Corporation Name
SKYLINE CORPORATION



Principal Place of Business: 2520 BY-PASS ROAD, ELKHART INDIANA 46514
Mailing Address: 2520 BY-PASS ROAD, ELKHART INDIANA 46514

3. Date Incorporated or Qualified: 08/13/1959
3a. Date of Last Report: 08/14/1995
4. FEI Number: 35-1038277
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

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

9. Name and Address of Current Registered Agent
**BLAND, RONALD
3030 S.W. SILVER SPRINGS BLVD.
OCALA FL 32675**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, ANDREW J	
STREET ADDRESS	8338 N. AUSTIN AVE.	
CITY-ST-ZIP	MORTON GROVE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLOSKA, RONALD F	
STREET ADDRESS	2520 BY PASS ROAD	
CITY-ST-ZIP	ELKHART IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURSCHEL, WILLIAM	
STREET ADDRESS	2520 BY PASS RD	
CITY-ST-ZIP	ELKHART IN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DECIO, ARTHUR J (CHRM)	
STREET ADDRESS	2520 BY-PASS RD	
CITY-ST-ZIP	ELKHART, IN 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, WILLIAM H.	
STREET ADDRESS	14915 POWDER HORN RD.	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FANCHI, JOSEPH B.	
STREET ADDRESS	2520 BY-BASS RD.	
CITY-ST-ZIP	ELKHART, IN 0	

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 this 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, on an attachment with an address.

SIGNATURE: *J.B. Fanchi* J.B. Fanchi 1-22-96 (219)294-6521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)