

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

FILED
Apr 24 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 # 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 46514-1518
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/13/1959	3a. Date of Last Report 01/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-1038277	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAND, RONALD 3030 S.W. SILVER SPRINGS BLVD. Ocala FL 32875		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, ANDREW J	1.2 NAME	
STREET ADDRESS	8338 N. AUSTIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORTON GROVE IL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOSKA, RONALD F	2.2 NAME	
STREET ADDRESS	2520 BY PASS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURSCHEL, WILLIAM	3.2 NAME	
STREET ADDRESS	2520 BY PASS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECIO, ARTHUR J (CHRM)	4.2 NAME	
STREET ADDRESS	2520 BY-PASS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART, IN 0	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, WILLIAM H.	5.2 NAME	
STREET ADDRESS	14915 POWDER HORN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCHI, JOSEPH B.	6.2 NAME	
STREET ADDRESS	2520 BY-BASS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART, IN 0	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: *J.B. Fanchi* **J.B Fanchi** 4/18/97 219-294-6521

CR2E034 (9/96)