

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--



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		3. Date Incorporated or Qualified 08/13/1959	
		4. FEI Number 35-1038277		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FANCHI, JOSEPH B.		6.2 NAME	James R. Weigand	
STREET ADDRESS	2520 BY-BASS RD.		6.3 STREET ADDRESS	2520 By-Pass Rd.	
CITY-ST-ZIP	ELKHART, IN 0		6.4 CITY-ST-ZIP	Elkhart, IN.	

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.

SIGNATURE: *James R. Weigand* 4/01/98 219-294-6521

CR2E034 (10/97)