


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90099 024 ***150.00

UPB3587

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813809
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/13/1959 4. FEI Number 35-1038277 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____ 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	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	WEIGAND, JAMES R	
STREET ADDRESS	2520 BY-PASS RD	
CITY-ST-ZIP	ELKHART IN	

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 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: _____ **5-20-1999** **219-294-6521**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)