

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90055 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P14817

1. Corporation Name
CHAMPION HOME BUILDERS CO.



Principal Place of Business Mailing Address
SUITE 300, 2701 UNIVERSITY DRIVE SUITE 300, 2701 UNIVERSITY DRIVE
AUBURN HILLS MI 48326 AUBURN HILLS MI 48326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1987

4. FEI Number **38-2744984** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

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	PD <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, WALTER R JR
STREET ADDRESS	STE 300 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI
TITLE	VSD <input type="checkbox"/> DELETE
NAME	COLLINS, JOHN J JR
STREET ADDRESS	#300, 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	DOUT, JACQUELINE A
STREET ADDRESS	#300, 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI
TITLE	CD <input type="checkbox"/> DELETE
NAME	YOUNG JR., WALTER R.
STREET ADDRESS	#300, 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI
TITLE	AS <input type="checkbox"/> DELETE
NAME	BAUMAN, COLLEEN T
STREET ADDRESS	#300, 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.D. Philip C Surles
1.3 STREET ADDRESS	2701 University Drive, Suite 300
1.4 CITY-ST-ZIP	Auburn Hills MI 48326
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO Joseph H. Stegmayer
2.3 STREET ADDRESS	2701 University Drive, Suite 300
2.4 CITY-ST-ZIP	Auburn Hills MI 48326
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Carmel Thomas
3.3 STREET ADDRESS	2701 University Drive, Suite 300
3.4 CITY-ST-ZIP	Auburn Hills MI 48326
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AT Jimmy Paul
4.3 STREET ADDRESS	2701 University Drive, Suite 300
4.4 CITY-ST-ZIP	Auburn Hills MI 48326
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: Jimmy Paul AT JIMMY PAUL, ASST. TREASURER 1/20/99 (248) 340-7753
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)