

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001294 (5)

1. Corporation Name
NATIONAL MODEL HOMES, INC.



Principal Place of Business
4880 COX RD.
GLEN ALLEN VA 23060

Mailing Address
4880 COX RD.
GLEN ALLEN VA 23060-6292

3. Date Incorporated or Qualified
03/12/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 10900 Nuckols Rd	26 10900 Nuckols Rd.
22 3rd Floor	27 3rd Floor
23 Glen Allen VA	28 Glen Allen VA
24 23060	29 23060
25 USA	30 USA

4. FEI Number 54-1779094	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MURRAY, BRIAN K	
STREET ADDRESS	4880 COX RD.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEISENBACHER, JUSTIN	
STREET ADDRESS	4880 COX RD.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, MICHAEL	
STREET ADDRESS	4880 COX RD.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POTTS, THOMAS H	
STREET ADDRESS	4880 COX RD.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEURIN, LYNN K	
STREET ADDRESS	4880 COX RD.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	10900 Nuckols Rd 3rd Floor	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas R. Kranz	
2.3 STREET ADDRESS	10900 Nuckols Rd 3rd Floor	
2.4 CITY-ST-ZIP	Glen Allen VA 23060	
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	Director/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	10900 Nuckols Rd 3rd Floor	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	10900 Nuckols Rd 3rd Floor	
5.4 CITY-ST-ZIP		
6.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stephen J. Benedeth	
6.3 STREET ADDRESS	10900 Nuckols Rd 3rd Floor	
6.4 CITY-ST-ZIP	Glen Allen VA 23060	

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: *Stephen J. Benedeth* April 11, 1997 (804) 217-5832

CR2E034 (9/96)