

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

FILED

**Mar 03 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 # F96000005839 (3)
1. Corporation Name
NATIONAL HOUSING BUILDING CORPORATION



Principal Place of Business 208 GOLDEN OAK COURT STE 450 VIRGINIA BEACH VA 23452	Mailing Address 208 GOLDEN OAK COURT STE 450 VIRGINIA BEACH VA 23452-6787
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3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report
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21. Principal Place of Business 208 Golden Oak Ct.	22a. Mailing Address SAME
22. Suite, Apt. #, etc. Ste. 450	27. Suite, Apt. #, etc.
23. City & State Va. Beach, VA	28. City & State
24. Zip 23452	25. Country USA
29. Zip	30. Country

4. FEI Number 54-1753128	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPHBERG, ROBERT H	
STREET ADDRESS	208 GOLDEN OAK COURT, STE 450	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOLBEC, BRADLEY P	
STREET ADDRESS	208 GOLDEN OAK COURT, STE 450	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDLER, STEVEN B	
STREET ADDRESS	1224 DIAMOND SPRINGS ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFFMAN, E V	
STREET ADDRESS	208 GOLDEN OAK COURT, STE 450	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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, on an attached report with an address.

SIGNATURE: _____ **REQUIRED** **2-20-97** **757-463-1970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)