


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

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Apr 17 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 # F93000003685 (5) 1. Corporation Name NVR HOMES, INC.			
Principal Place of Business 7801 LEWINSVILLE ROAD ATTN: TAX DEPT MCLEAN VA 22102 US		Mailing Address 7801 LEWINSVILLE ROAD ATTN: TAX DEPT MCLEAN VA 22102-2815 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28 29 30	
3. Date Incorporated or Qualified 08/12/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 25-1709930		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE. #105 TALLAHASSEE FL 32301		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE C NAME SCHAR, DWIGHT C STREET ADDRESS 7801 LEWINSVILLE ROAD CITY-ST-ZIP MCLEAN VA TITLE P NAME CANNIZZO, MICHAEL STREET ADDRESS 7801 LEWINSVILLE ROAD CITY-ST-ZIP MCLEAN VA TITLE T NAME SAVILLE, PAUL C STREET ADDRESS 7801 LEWINSVILLE ROAD CITY-ST-ZIP MCLEAN VA TITLE V NAME SEREMET, DENNIS M STREET ADDRESS 7801 LEWINSVILLE ROAD CITY-ST-ZIP MCLEAN VA TITLE S NAME SACK, JAMES M STREET ADDRESS 7801 LEWINSVILLE ROAD CITY-ST-ZIP MCLEAN VA TITLE AVP NAME BUSCH, ROBERT J STREET ADDRESS 7801 LEWINSVILLE RD STE 300 CITY-ST-ZIP MCLEAN VA 22102		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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, or on an attachment with an address.			
SIGNATURE: Robert J. Busch SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/05/97 Daytime Phone #			



CR2E034 (9/96)