

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G11607 (0)  
1. Corporation Name  
MODELS EXCHANGE, INC.



Principal Place of Business 2425 E. COMMERCIAL BLVD SUITE 206 FT. LAUDERDALE FL 33308	Mailing Address 2425 E. COMMERCIAL BLVD SUITE 206 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2238153		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOFFMAN, STEVEN 3840 NE 26TH AVE LIGHTHOUSE PT FL 33064				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HOFFMAN, STEVEN P			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3840 NE 26TH AVE			1.2 NAME	
CITY-ST-ZIP	LIGHTHOUSE PT FL			1.3 STREET ADDRESS	
TITLE	S	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
NAME	HOFFMAN, HARVEY DR.			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1550 SAN JUAN HILLS DRIVE			2.2 NAME	
CITY-ST-ZIP	LAS VEGA NV			2.3 STREET ADDRESS	
TITLE	T	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
NAME	HOFFMAN, SAMUEL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3400 GALT OCEAN DR #1603			3.2 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL			3.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
NAME				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				4.2 NAME	
CITY-ST-ZIP				4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
NAME				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	
NAME					
STREET ADDRESS					
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.

SIGNATURE

*Steven Hoffman* 4/21/98 950-441-4266

CR2E034 (10/97)