

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

FILED

Apr 01 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 # P26104 (0)

1. Corporation Name
FORD MODELS, INC.



Principal Place of Business: 344 EAST 59TH STREET NEW YORK NY 10022
Mailing Address: 344 EAST 59TH STREET NEW YORK NY 10022-1513

3. Date Incorporated or Qualified: 09/20/1989
3a. Date of Last Report: 03/22/1996
4. FEI Number: 06-1185749
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	FORD, GERARD W. 2 FIELDVIEW LANE CALIFON NJ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORD, GERARD W.		1.2 NAME	
STREET ADDRESS: 2 FIELDVIEW LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP: CALIFON NJ	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE: PD	HUNTER, JOSEPH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, JOSEPH		2.2 NAME	
STREET ADDRESS: 815 PARK AVENUE	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP: NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE: CS	FORD, EILEEN O.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORD, EILEEN O.		3.2 NAME	
STREET ADDRESS: 2 FIELDVIEW LANE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP: CALIFON NJ		3.4 CITY-ST-ZIP	
TITLE: PD	FORD, MARY KATHERINE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORD, MARY KATHERINE		4.2 NAME	
STREET ADDRESS: 142 GREEN ST.	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP: NEW YORK NY 10012		4.4 CITY-ST-ZIP	
TITLE: V	FORD, GERARD W., JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORD, GERARD W., JR.		5.2 NAME	
STREET ADDRESS: 158 SUTTON RD.	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP: CALIFON NJ 08833		5.4 CITY-ST-ZIP	
TITLE: T	LOVELAND, JEFFREY E	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOVELAND, JEFFREY E		6.2 NAME	
STREET ADDRESS: 20 HALTER LANE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP: DARIEN CT		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: *Jeffrey E. Loveland* JEFFREY E. LOVELAND 3/14/97 (212) 546-9200

CR2E034 (9/96)