

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

FILED
May 12 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 # P26104 (0)

1. Corporation Name
FORD MODELS, INC.

Principal Place of Business

344 EAST 60TH STREET
NEW YORK NY 10022

Mailing Address

344 EAST 60TH STREET
NEW YORK NY 10022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 142 GREENE STREET	26 142 GREENE STREET
22 Suite, Apt. #, etc. 4th FLOOR	27 Suite, Apt. #, etc. 4th FLOOR
23 City & State NEW YORK NY	28 City & State NEW YORK NY
24 Zip 10012	29 Zip 10012
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	Applied For
09/20/1989	Not Applicable
4. FEI Number	
06-1185749	
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 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

CT CORPORATION SYSTEM
1200 S. 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

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	FORD, GERARD W.
STREET ADDRESS	2 FIELDVIEW LANE
CITY - ST - ZIP	CALIFON NJ
TITLE	CS
NAME	FORD, EILEEN O.
STREET ADDRESS	2 FIELDVIEW LANE
CITY - ST - ZIP	CALIFON NJ
TITLE	PD
NAME	FORD, MARY KATHERINE
STREET ADDRESS	142 GREEN ST.
CITY - ST - ZIP	NEW YORK NY 10012
TITLE	V
NAME	FORD, GERARD W., JR.
STREET ADDRESS	150 BUTTON RD.
CITY - ST - ZIP	CALIFON NJ 08883
TITLE	T
NAME	LOVELAND, JEFFREY E
STREET ADDRESS	20 HALTER LANE
CITY - ST - ZIP	DARIEN CT
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1695 SHIPPAN AVE.
4.4 CITY - ST - ZIP	STAMFORD, CT 06902
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	06820
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 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:

[Signature]

TREASURER

4.24.98

212-219-6500

CP2E034 (10/97)