

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/20/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 06-1185749		
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 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	FORD, GERARD W.	
STREET ADDRESS	2 FIELDVIEW LANE	
CITY - ST - ZIP	CALIFON NJ	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	FORD, EILEEN O.	
STREET ADDRESS	2 FIELDVW LANE	
CITY - ST - ZIP	CALIFON NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, MARY KATHERINE	
STREET ADDRESS	142 GREEN ST.	
CITY - ST - ZIP	NEW YORK NY 10012	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORD, GERARD W., JR.	
STREET ADDRESS	150 CUTTON RD.	
CITY - ST - ZIP	CALIFON NJ 08883	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOVELAND, JEFFREY E	
STREET ADDRESS	20 HALTER LANE	
CITY - ST - ZIP	DARIEN CT	
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 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)