

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

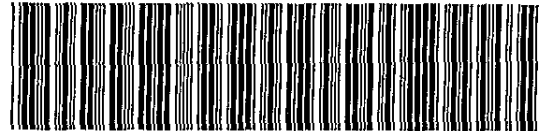
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



200037714802

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation **DOCUMENT #848954 (4)**
ZIP + 4 PRESORT

THE RELATED COMPANIES, INC.
625 MADISON AVENUE
NEW YORK, NY 10022-1801

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address
22 P.O. Box No.
23 City and State
24 Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: **04/27/1981**
4 FEI Number: **13-2723782**
FEI Number Applied For: _____
FEI Number Not Applicable: _____
5 \$8.75 Additional Fee required for a Certificate of Status: CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 P/D	ROSS, STEPHEN M.	625 MADISON AVENUE	NEW YORK, NY
2 S/D	MCGUIRE, SUSAN	625 MADISON AVENUE	NEW YORK, NY
3 E/V	FLOOD, JAMES J.	625 MADISON AVENUE	NEW YORK, NY
4 T	DAGOSTINO, PASQUALE	625 MADISON AVENUE	NEW YORK, NY
5			
6			

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL 33324

8 Name and Address of New Registered Agent

81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
85 Zip Code

FL.

9 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 this appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

10 I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE Susan J. McGuire DATE 2/27/91
Typed Name of Signing Officer or Director: Susan J. McGuire Title: Secretary Telephone Number Daytime: (212) 1421-5333

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status