

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

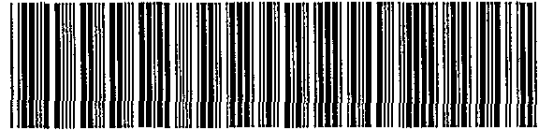
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



600037714786

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

CORPORATION

ANNUAL REPORT
1989



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

DO NOT WRITE IN THIS SPACE
FILED
1989 MAR -8 AM 10:44
FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

848954 4
RELATED COMPANIES, INC. (THE)
625 MADISON AVENUE
NEW YORK, NY 10022-1801

ZIP + 4

If former address is incorrect in any way, enter the correct address.
If new, include zip code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Began and To Do Business in Florida: 04/27/1981

4. Federal Employer Identification Number (FEIN): 13-2723782

5. Date of Last Report: 02/25/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Name of Officer and Director	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	KOSS, STEPHEN M.	625 MADISON AVENUE	NEW YORK, NY
S/D	MCCUIRE, SUSAN	625 MADISON AVENUE	NEW YORK, NY
E/V	FLOOD, JAMES J.	625 MADISON AVENUE	NEW YORK, NY
T	LAGOSTINO, PASQUALE	625 MADISON AVENUE	NEW YORK, NY

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

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.04 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of a regular re-registration of its registered agent or officers in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am named with and accept the obligations of Section 607.025 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, when first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature: *Pasquale Lagostino* Date: 3/27/89

Typed Name of Signing Officer or Director: Pasquale Lagostino Title: Treasurer Telephone Number: 212-421-5333

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$35 Additional Fee required for a Certificate of Status