

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

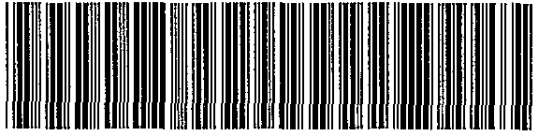
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



700037714777

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED AND

CORPORATION
ANNUAL REPORT
1988



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

DO NOT WRITE IN THIS SPACE

FEB 25 PM 2:37

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

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

If above address is incorrect in any way, enter the correct address in item 2. 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 Qualified To Do Business in Florida 04/27/1981
4 Federal Employer Identification Number (FEIN) 13-2723782
5 Date of Last Report 02/23/1987

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
ROSS, STEPHEN M.	P/D	625 MADISON AVENUE	NEW YORK, NY	
MCGUIRE, SUSAN	S/O	625 MADISON AVENUE	NEW YORK, NY	
FLOOD, JAMES J.	S/V	625 MADISON AVENUE	NEW YORK, NY	
DAGOSTINO, PASQUALE	T	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 607.004 and 607.007, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

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

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date 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 Dagostino* Date *2/9/88*

Typed Name of Signer Officer or Director Telephone Number
Pasquale J. Dagostino *Treasurer* *(212) 421-5333*

12. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED \$5 Additional Fees required for a Certificate of Status