

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

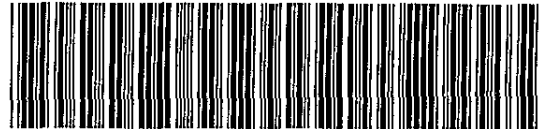
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



800037714768

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1987 FEB 23 AM 11:40

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
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

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

Street Address 21
625 MADISON Ave

P.O. Box No. 22

City and State 23
NEW YORK, New York

Zip Code 24
10022

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

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

5. Date of Last Report: 08/21/1986

6. Names and Street Addresses of Officers and Directors as of December 31, 1986

7. Names of Officers and Directors	8. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	9. City and State
ROSS, STEPHEN M.	P/O 625 MADISON AVENUE	NEW YORK, NY
MCGUIRE, SUSAN	S/O 625 MADISON AVENUE	NEW YORK, NY
FLOOD, JAMES J.	E/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 607.034 and 607.017, Florida Statutes, the above-named corporation, qualified to transact business in 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)

\$3 Additional Fee required for Registered Agent changes.

10. IMPORTANT - THIS SECTION MUST BE COMPLETED. Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?

YES NO

11. IMPORTANT - THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES. Has said amendment been filed with this office? Yes No If the answer is no, this report cannot be processed until this amendment has been filed.

12. I Certify That I Am An Officer 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 signing must be listed in Block 6)

Signature _____ Date 2/11/87

Typed Name of Signing Officer: SUSAN MCGUIRE Title: SECRETARY Telephone Number: 212 421 5333

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

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status.

CR-0304 (1/86)