FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P12741

(5)

OCUM . Corporation Na	ENT # P1274	11 (5)			
RELATE	ed insured equity ass	SOCIATES INC.			
Principal Place of	Business	Mailing Address		[B1881 ff84 Bidit Usbir Arbit Atatt Bidir dani can.
625 MADISON AVENUE NEW YORK NY 10022		625 MADISON AVENU			
		NEW YORK NY 10022		3. Date incorporated or Qualified	3a. Date of Last Report
				12/31/1986	07/27/1995
Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
Principal Place of Business		26		13-3330557	Not Applicable
Suite, Apt #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
]	25	29	30		es No
I	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	negistered Agent
			1-1		
CT CORPORATION SYSTEM			82 Street	Address (P.O. Box Number is Not Accept	able)
1200 S. PINE ISLAND ROAD			83		
PLANTATION FL 33324			85 Z _I o Code		
			84 City	orporation submits this statement for the p s board of directors. I hereby accept the ap-	FL []
SIGNATURE S	lgravine, great or passed minic of registered to the OFFICERS AN	and the diagraphical Religion (NECTORS)	ite hay dend Agrar symbol.	required when renstatingly ADDITIONS/CHANGES TO C	TWIE FFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	DELE IL	1 1 1:11 (Change Addition
AME	ROSS, STEPHEN M.		1.2 NAME		
STREET ADDRESS	625 MADISON AVENUE		1.3 STREET ADDRESS		
017 Y + S3 - ZIP	NEW YORK NY	DELETE	1.4 CHY-ST-ZIF 2.1 UILE		Change Addition
IIILE	POTOKY CTHART!	Поши	2.3 NAME		
NAME STREET ADDRESS	Boesky, Stuart J. 625 Madison avenue		23 STREET ADORESS		
CITY S1-ZIP	NEW YORK NY		2.4 CHY S1-709		
TRE	S	☐ DELFTE	3.1 TITLE		☐ Change ☐ Addition
NAME:	MCMAHON, LYNN A.		3.2 NAME		
STREET ADDRESS	625 MADISON AVENUE		3.3 STELET ADDRÉS	5	
CHTY - ST - ZIP	NEW YORK NY	DELFTE	3 4 CH y - SI - ZIP 4 1 Th TE	<u> </u>	Change Addition
MAE	1	T DECUIE	4 2 NAME	•	
NAME	LIPTON, LAWRENCE		4.3 SUBFET ADDRESS	5	
STREET AUDRESS	625 MADISON AVENUE NEW YORK NY		4.4 CHY - S1 - 7IF		
CITY-ST-ZIP TIFLE	D NEW TORK NT	DELETE	5 ! Bitt		☐ Chang∈ ☐ Additio
NAME	FRIED, J. MICHAEL		5.2 NAME		
STREET ADDRESS	625 MADISON AVENUE		5 3 STREET ADDRES	S	
CITY - ST - ZIP	NEW YORK NY		5.4 C(TY - \$1 - 718)		Change Addition
TITLE		☐ DEFFIE	& 1 HILE		C1 2000 20 C1 1000 100
NAME			62 NAMI	6	
STREET ADDRESS			6.3 STREET ADDRES		
	y certify that the information supplies				

From nereby certify that the information supplied with this similar is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Honda Statutes. Fluither 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 frustee empowered to execute this report as required by Chapter 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: