

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12741

(5)

1. Corporation Name
RELATED INSURED EQUITY ASSOCIATES INC.

Principal Place of Business
625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address
625 MADISON AVENUE
NEW YORK NY 10022

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. 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 the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Charles W. Meyer
Signature, typed or printed name of registered agent and title if applicable

Asst. Secy.
(NOTE: Registered Agent signature required when reinstating)

3/2/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME ROSS, STEPHEN M.
STREET ADDRESS 625 MADISON AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE V [] DELETE

NAME BOESKY, STUART J.
STREET ADDRESS 625 MADISON AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE S [] DELETE

NAME MCMAHON, LYNN A.
STREET ADDRESS 625 MADISON AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE T [] DELETE

NAME PALERMO, RICH
STREET ADDRESS 625 MADISON AVE
CITY-STATE-ZIP NEW YORK NY

TITLE D [] DELETE

NAME FRIED, J. MICHAEL
STREET ADDRESS 625 MADISON AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

*****8.75 *****8.75

-03/09/99--01088--010

*****8.75 *****8.75

[] Change [] Addition

*****750.00 *****750.00

-03/09/99--01088--011

*****750.00 *****750.00

[] Change [] Addition

*****150.00 *****150.00

-03/09/99--01088--012

*****150.00 *****150.00

[] Change [] Addition

[] Change [] Addition

3/2/99
DATE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), Florida Statutes. I further 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn A. McMahon
Signature, typed or printed name of signing officer or director

9/22/98 212-441-5333

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CR2E034 (5/98)