

**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).

0000615

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 (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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* (Registered Agent Signature)  
*Asst. Secy.* (Signature)  
 DATE: 3/2/99

12. OFFICERS AND DIRECTORS

TITLE	D	ROSS, STEPHEN M.	<input type="checkbox"/> DELETE
NAME		625 MADISON AVENUE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE	V	BOESKY, STUART J.	<input type="checkbox"/> DELETE
NAME		625 MADISON AVENUE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE	S	MCAHON, LYNN A.	<input type="checkbox"/> DELETE
NAME		625 MADISON AVENUE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE	T	PALERMO, RICH	<input type="checkbox"/> DELETE
NAME		625 MADISON AVE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE	D	FRIED, J. MICHAEL	<input type="checkbox"/> DELETE
NAME		625 MADISON AVENUE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			



**REINSTATEMENT** 98-99  
 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1986  
 4. FEI Number: 13-3330557  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 City  
 FL 85 Zip Code

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	*****8.75 *****8.75
13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 CITY-ST-ZIP	*****750.00 *****750.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	*****150.00 *****150.00
23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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*

9/22/98 212-441-5333

CR2E034 (5/98)