


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846318** (4)

1. Corporation Name
TAMPTEL I, INC.



Principal Place of Business C/O O'CONNOR REALTY ADVISORS INC. 40 W. 57TH STREET NEW YORK NY 10019	Mailing Address C/O O'CONNOR REALTY ADVISORS INC. 40 W. 57TH STREET NEW YORK NY 10019
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3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Report 04/18/1995
4. FEI Number 13-3045288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 JALAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BURGER, STEPHEN T.	
STREET ADDRESS	399 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GIFFORD, BENJAMIN G.	
STREET ADDRESS	399 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ASTARITA, MICHAEL G	
STREET ADDRESS	40 WET 57TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Glenn J. Rufrano	
13. STREET ADDRESS	399 Park Avenue	
14. CITY-ST-ZIP	New York, NY 10022	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Jay B. Davis	
23. STREET ADDRESS	399 Park Avenue	
24. CITY-ST-ZIP	New York, NY 10022	
31. TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Michael G. Astarita	
33. STREET ADDRESS	40 West 57th Street	
34. CITY-ST-ZIP	New York, NY 10019	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael G. Astarita* *SANDRA B. MORHAM* *1/24/96* *(212) 307-0104*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)