

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 846319

(2)

1. Corporation Name

TAMPTTEL III, INC.

Principal Place of Business

C/O O'CONNOR REALTY ADVISORS, INC.
40 WEST 57TH STREET
NEW YORK NY 10019

Mailing Address

C/O O'CONNOR REALTY ADVISORS, INC.
40 WEST 57TH STREET
NEW YORK NY 10019



3. Date Incorporated or Qualified
06/24/1980

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 WEST 57TH STREET	
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		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glenn J. Rufrano	
1.3 STREET ADDRESS	399 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jay B. Davis	
2.3 STREET ADDRESS	399 Park Avenue	
2.4 CITY-ST-ZIP	New York, NY 10022	
3.1 TITLE	T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael G. Astarita	
3.3 STREET ADDRESS	40 West 57th Street	
3.4 CITY-ST-ZIP	New York, NY 10019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

400001763684
-04/01/96--01012--012
***61.25

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 SECRETARY/TREASURER 1/24/96 (212) 367-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)