

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 # **846320** (0)

1. Corporation Name
TAMPTEL II, 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		4. FEI Number 13-3045290		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
4201 HAYS STREET
TALLAHASSEE 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	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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGER, STEPHEN T.	1.2 NAME	Glenn J. Rufrano
STREET ADDRESS	399 PARK AVE.	1.3 STREET ADDRESS	399 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIFFORD, BENJAMIN G.	2.2 NAME	Jay B. Davis
STREET ADDRESS	399 PARK AVE.	2.3 STREET ADDRESS	399 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTARITA, MICHAEL G	3.2 NAME	Michael G. Astarita
STREET ADDRESS	40 WEST 57TH ST.	3.3 STREET ADDRESS	40 West 57th Street
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	New York, NY 10019
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	3000001763682 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/01/96--01012--011
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Nicholas Blustone* SECRETARY/TREASURER 1/24/96 (212) 307-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)