

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 # 846321 (8)

1. Corporation Name

TAMPTTEL IV, INC.



Principal Place of Business

Mailing Address

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 13-2045292  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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 checked="" 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	500001763685	
5.3 STREET ADDRESS	-04/01/96--01012--013	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Michael Astarita Secretary/Treasurer

3/24/96 (202) 307-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)