

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846321 (8)**

1. Corporation Name

**TAMTEL IV, 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. 10019-4001

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1980</b>	3a. Date of Last Report <b>03/29/1996</b>
<b>21</b>		<b>26</b>		4. FEI Number <b>13-2045292</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>		<b>29</b>			
<b>25</b>		<b>30</b>			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORP. SVC 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUFRANO, GLENN J</b>	1.2 NAME	
STREET ADDRESS	<b>399 PARK AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIFFORD, BENJAMIN G</b>	2.2 NAME	
STREET ADDRESS	<b>399 PARK AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASTARITA, MICHAEL G</b>	3.2 NAME	
STREET ADDRESS	<b>40 WEST 57TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JAY B</b>	4.2 NAME	
STREET ADDRESS	<b>399 PARK AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075042

CR2E037 (9/96)