

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857360

(2)

1. Corporation Name

TAMPTEL V, INC.



Principal Place of Business

Mailing Address

C/O O'CONNOR REALTY ADVISORS INC.
40 W. 57TH ST.
NEW YORK NY 10019

C/O O'CONNOR REALTY ADVISORS INC.
40 W. 57TH ST.
NEW YORK NY 10019

3. Date Incorporated or Qualified
08/08/1983

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

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
13-3119270

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

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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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME BURGER, STEPHEN T. ☒ DELETE
STREET ADDRESS 399 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10022

TITLE DP
NAME GIFFORD, BENJAMIN G. ☐ DELETE
STREET ADDRESS 399 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10022

TITLE T
NAME ASTARITA, MICHAEL G. ☒ DELETE
STREET ADDRESS 40 WEST 57TH ST.
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition
12 NAME Glenn J. Rufrano
13 STREET ADDRESS 399 Park Avenue
14 CITY-ST-ZIP New York, NY 10022

21 TITLE D ☐ Change ☒ Addition
22 NAME Jay B. Davis
23 STREET ADDRESS 399 Park Avenue
24 CITY-ST-ZIP New York, NY 10022

31 TITLE T/S ☒ Change ☐ Addition
32 NAME Michael G. Astarita
33 STREET ADDRESS 40 West 57th Street
34 CITY-ST-ZIP New York, NY 10019

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 SECRETARY/TREASURER 1/24/96 (212) 307-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)