


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000974 (6)
 1. Corporation Name
EASTRICH NO. 105 CORPORATION



Principal Place of Business C/O ALDRICH, EASTMAN & WALTCH, L.P. 225 FRANKLIN STREET BOSTON MA 02110	Mailing Address C/O ALDRICH, EASTMAN & WALTCH, L.P. 225 FRANKLIN STREET BOSTON MA 02110-2804
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3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 04-3176759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZRACK, JOSEPH F	1.2 NAME	
STREET ADDRESS	19 BEDFORD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN MA 01773	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, THOMAS H JR.	2.2 NAME	
STREET ADDRESS	1501 HUCKLEBERRY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PEABODY MA 01960	2.4 CITY-ST-ZIP	
TITLE	VDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN, J G	3.2 NAME	
STREET ADDRESS	68 SNAKEHILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA 02178	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, GERD A	4.2 NAME	
STREET ADDRESS	47 ROBINSON CREEK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE MA 02359	4.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ARLEEN M	5.2 NAME	
STREET ADDRESS	22 WESTVALE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 5/19/97 617 261-9000

CR2E034 (9/96)