

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am
 Secretary of State

011624

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1993	
4. FEI Number 04-3176759	Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZRACK, JOSEPH F	
STREET ADDRESS	19 BEDFORD STREET	
CITY-ST-ZIP	LINCOLN MA 01773	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOLAN, THOMAS H JR.	
STREET ADDRESS	1501 HUCKLEBERRY COURT	
CITY-ST-ZIP	W. PEABODY MA 01960	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	MONAHAN, J G	
STREET ADDRESS	88 SNAKEHILL ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, GERD A	
STREET ADDRESS	47 ROBINSON CREEK RD.	
CITY-ST-ZIP	PEMBROKE MA 02359	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	BERNARDI, ARLEEN M	
STREET ADDRESS	22 WESTVALE RD	
CITY-ST-ZIP	MILTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	JEANNE M. CALDWELL
4.4 CITY-ST-ZIP	225 FRANKLIN ST. BOSTON, MA 02110
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002629808
6.3 STREET ADDRESS	-09/01/98--01023--031
6.4 CITY-ST-ZIP	***1650.00

14. I 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 in an attachment with an address.

SIGNATURE: _____ 7/28/98 617261-9008

CR2E034 (5/98)