

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000005284 (5)**

1. Corporation Name

J.D. EASTRICH PROPERTIES CORPORATION

Principal Place of Business

**% ALDRICH, EASTMAN & WALTCH
225 FRANKLIN ST.
BOSTON MA 02110**

Mailing Address

**% ALDRICH, EASTMAN & WALTCH
225 FRANKLIN ST.
BOSTON MA 02110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1993

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

04-3213186

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **AZRACK, JOSEPH F**
STREET ADDRESS **225 FRANKLIN ST.**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **VD** ☐ DELETE

NAME **NOLAN, THOMAS H JR**
STREET ADDRESS **225 FRANKLIN ST.**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **V** ☒ DELETE

NAME **AHL, PETER W**
STREET ADDRESS **225 FRANKLIN ST.**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **AC** ☐ DELETE

NAME **BERNARDI, ARLEEN M**
STREET ADDRESS **22 WESTVALE RD.**
CITY-ST-ZIP **MILTON MA 02188**

TITLE **VD** ☐ DELETE

NAME **MONAHON, J. GRANT**
STREET ADDRESS **225 FRANKLIN ST.**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VICE PRESIDENT
MICHAEL J. MCGILLIS
225 FRANKLIN ST.
BOSTON, MA 02110**

**9000002629809
-09/01/98--01023--031
***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, 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 recorder 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 REQUIRED

8/28/98

617 261-7000

0111625

CR2E034 (5/98)

FILED
Aug 26 1998 8:00am
Secretary of State