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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Mailing Address

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000044741

1. Corporation Name

Principal Place of Rusiness

EASTRICH NO. 190 CORPORATION

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C/O ALDRICH. EASTMAN & WALTCH. L.P. 225 FRANKLIN ST. BOSTON MA 02110		C/O ALDRICH. EASTMAN & WALTCH. L.P. 225 FRANKLIN ST. BOSTON MA 02110		L.P.	DO NOT WRITE IN THIS SPACE		
0001011	02.10				3. Date Incorporated or Qualifed		
					05/24/1996		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applie	d For	
21 26					59-2242660 Not A	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		
22 City & St	ate	City & State			6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F	-	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30	]		Personal Property Tax.	No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			1	83			
			1	84 City	FL 85 Zip Cod	le	
i office o	r registered agent, or both, in the State I am familiar with, and accept the oblig	e of Florida. Such change was autr	onzea	by the corpo	corporation submits this statement for the purpose of changing its re- oration's board of directors. I hereby accept the appointment as regist	jistered ered	
SIGNATUR	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE. Re	gistered A	Agent signature r	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITL	.E	Change	Addition Addition	
	Liniana irraania				l		

HUSID, ALISON L NAME CUTLER, ALISON HUSID %AEW CAPITOL MGT 225 FRANKLIN ST 1.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE VSD TITLE MONAHON, J. GRANT 2.2 NAME NAME C/O ALDRICH, EASTMAN, 225 FRANKLIN ST. 2.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02110** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change | 3.1 TITLE TITLE ALBERT, THOMAS K 3.2 NAME NAME C/O ALDRICH, EASTMAN, 225 FRANKLIN ST. 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02110** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition (Change DELETE 4.1 TITLE TITLE 4. 2 NAME PUYEA, DAVID D MAGEE, LINDA NAME %AEW CAPITOL MGT 225 FRANKLIN ST 4.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Change Addition DELETE 51 TITLE TITLE 5.2 NAME BIEBUSCH, DOREEN M NAME LAGERLUND, KARIN J 5.3 STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST. STREET ADDRESS 5.4 CITY-ST-ZIP **BOSTON MA 02110** CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME BERNARDI, ARLEEN M NAME 6.3 STREET ADDRESS C/O ALDRICH, EASTMAN, 225 FRANKLIN ST. STREET ADDRESS 6.4 CITY-ST-ZIP

**BOSTON MA 02110** CITY-ST-ZIP 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 on an altachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

■.;