

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P28743

EASTRICH NO. 90 CORPORATION

Principal Place of Business

Mailing Address

40 ALDRICH IRSMAN WALTER
225 FRANKLIN STREET
BOSTON, MA 02110

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/11/92	3a. Date of Last Report 4/20/94
4. FEI Number 04-3148159	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 checked="" type="checkbox"/> NO	

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

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	SEE ATTACHED
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	600001482756
14. CITY, ST, ZIP	-05/10/95--01072--002
21. TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Adrienne...* 4/28/95 617261-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Name)

EASTRICH No. 90 CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
LINE 12- OFFICERS AND DIRECTORS

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	CHARLES F. WU	58 PLAINFIELD ST. WABAN, MA 02168
<u>V. PRESIDENTS:</u>	J. GRANT MONAHON ✓	68 SNAKE HILL ROAD BELMONT, MA 02178
	THOMAS K. ALBERT ✓	176 OCEAN STREET LYNN, MA 01902
TREASURER	GERD A. CROSS ✓	47 RONBINSON CREEK ROAD PEMBROKE, MA 02359
ASST. TREASURER	DOREEN M. BIEBUSCH ✓	75 FOUNDARY STREET UNIT #35 SO. EASTON, MA 02375
CLERK	J. GRANT MONAHON ✓	68 SNAKE HILL ROAD BELMONT, MA 02178
ASST. CLERK	ARLEEN M. BERNARDI ✓	22 WESTVALE ROAD MILTON, MA 02186
<u>DIRECTORS:</u>	CHARLES F. WU	58 PLAINFIELD ST. WABAN, MA 02168
	THOMAS K. ALBERT ✓	176 OCEAN STREET LYNN, MA 01902
	J. GRANT MONAHON ✓	68 SNAKE HILL ROAD BELMONT, MA 02178