

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT #
1. Corporation Name

N95000002687

JLM - INN TRANSITION NORTH, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
June 1, 1995

3a. Date of Last Report
N/A

2. Principal Place of Business
21 **713 Biltmore Way**

2a. Mailing Address

4. FEI Number
65-0657886

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State
23 **Coral Gables, FL**

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip
33134

25. Country
USA

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vivianne A. Wicker
2325 Salzedo Street
Coral Gables, FL 33134

81. Name Kara L. MacCullough
82. Street Address (P.O. Box Number is Not Acceptable) Morgan, Lewis & Bockius LLP
83. 200 S. Biscayne Blvd., Suite 5300
84. City Miami **FL** **85. Zip Code** 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kara L. MacCullough

(NOTE: Registered Agent signature required when reinstating)

June 20, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
D	Kara L. MacCullough	200 S. Biscayne Blvd., Suite 5300	Miami, FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
D	Lindy Colson	713 Biltmore Way	Coral Gables, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
D	Claudia Kitchens	713 Biltmore Way	Coral Gables, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
000001882800				<input type="checkbox"/>	<input type="checkbox"/>
-07/03/96--01021--043				<input type="checkbox"/>	<input type="checkbox"/>
***70.00				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

Kara L. MacCullough

KARA L. MacCullough

June 20, 1996

305-579-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR26037 (3/96)