

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000002687 (0)

1. Corporation Name

JLM - INN TRANSITION NORTH, INC.

Principal Place of Business

Mailing Address

713 BILTMORE WAY
CORAL GABLES FL 33134

713 BILTMORE WAY
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

65-0657886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPACE, SANDRA C
713 BILTMORE WAY
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500002289145--6

83

-09/10/97--01059--008

84 City

*****61.25

*****61.25

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KITCHENS, CLAUDIA
STREET ADDRESS 713 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Zohn, Teresa
1.3 STREET ADDRESS 713 Biltmore Way
1.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ DELETE
NAME COLSON, LINDY
STREET ADDRESS 713 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Legge, Lois
2.3 STREET ADDRESS 713 Biltmore Way
2.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ DELETE
NAME MACCULLOUGH, KARA L
STREET ADDRESS 200 S. BISCAYNE BLVD. STE 5300
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Nickless, Lea
3.3 STREET ADDRESS 713 Biltmore Way
3.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, 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

9 2 9 7

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CR2E037 (4/97)