

FILED
Jul 31 1998 8:00am
Secretary of State

DOCUMENT # H50995 (0)
1. Corporation Name
NTS/SABAL RESIDENTIAL, INC.

Principal Place of Business	Mailing Address
C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223	C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE KY 40223

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent ADAMS, GARY D UNIVERSITY BUSINESS CENTER 3300 UNIVERSITY BLVD, SUITE 150 WINTER PARK FL 32792		81 Name 82 Street Address 83 84 City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature: Award or receipt of name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS	13.	
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	VF NE 10 LC
NAME	NICHOLS, J.D.		1.2 NAME	
STREET ADDRESS	10172 LINN STATION ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY		1.4 CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GOOD, RICHARD L		2.2 NAME	
STREET ADDRESS	10172 LINN STATION RD.		2.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY		2.4 CITY - ST - ZIP	
TITLE	SVPT	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HAMPTON, JOHN W		3.2 NAME	
STREET ADDRESS	10172 LINN STATION RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY		3.4 CITY - ST - ZIP	
TITLE	SVPS	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	COMPTON, GREGORY A.		4.2 NAME	
STREET ADDRESS	10172 LINN STATION RD		4.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY		4.4 CITY - ST - ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HOWARD, SUSAN		5.2 NAME	
STREET ADDRESS	10172 LINN STATION RD		5.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY		5.4 CITY - ST - ZIP	
TITLE	BVP	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ADAMS, GARY D		6.2 NAME	
STREET ADDRESS	3300 UNIVERSITY BLVD.		6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL		6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 04/08/1985	
4. FEI Number 61-1075899	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
ss (P.O. Box Number is Not Acceptable)	
FL 85	Zip Code

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 attachment with an address.

CR2E034 (10/97)



10172 Linn Station Road
Louisville, Kentucky 40223
(502) 426-4800

July 27, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Annual Report — NTS/Sabal Residential, Inc.

Dear Sir:

Enclosed please find the 1998 Annual Report for NTS/Sabal Residential, Inc., along with a check in the amount of \$150.00 for the filing fee. I apologize for the filing of this report after May 1, 1998, but we failed to receive the report forms prior to May 1, and although an assistant called your office and left a message, as instructed, with our company name and address and a request for forms, the necessary forms were not received until recently (following a second inquiry). Once received by us, we completed the forms promptly, and filed the same with your office on June 25, 1998. Although the forms were not filed in your office prior to May 1, we feel that the forms, once received by us, were timely submitted. With my June 25 letter, I requested that you not assess us a late fee for this filing. I ask again that you take into consideration that we did not receive the necessary forms on time to file on time, but that we made a concerted effort to obtain the forms and to promptly file them upon receipt, and therefore allow us to file these forms without a late penalty. Following several personnel changes, I believe we have a system in place now which will not result in any late filings in the future.

Please file the Annual Report and update the status of NTS/Sabal Residential, Inc. in your records.

If you should have any questions, please do not hesitate to contact the undersigned at (502) 426-4800. Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Susan M. Howard".

Susan M. Howard
Vice President

SMH/tmm
enc.