

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

FILED

Jul 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H55294** (3)
1. Corporation Name
NTS/RESIDENTIAL PROPERTIES, INC.-FLORIDA

Principal Place of Business
**10172 LINN STATION RD.
LOUISVILLE KY 40223**

Mailing Address
**10172 LINN STATION RD.
LOUISVILLE KY 40223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-1121434	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TEMPLETON, MARGARET O %NTS LAKE FOREST CLUB HOUSE 5350 SHORELINE CIRCLE LAKE FOREST FL 32771		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	VICE PRESIDENT/ASST. TREAS.
NAME	NICHOLS, J.D.	1.2 NAME	NEIL MITCHELL
STREET ADDRESS	10172 LINN STATION ROAD	1.3 STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	LOUISVILLE KY 40223
TITLE	VC	2.1 TITLE	VICE PRESIDENT/ASST. SEC.
NAME	GOOD, RICHARD L	2.2 NAME	SUSAN HOWARD
STREET ADDRESS	10172 LINN STATION RD.	2.3 STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	LOUISVILLE KY 40223
TITLE	SVPS / COUNSEL	3.1 TITLE	
NAME	COMPTON, GREGORY A.	3.2 NAME	
STREET ADDRESS	10172 LINN STATION RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	SVPT	4.1 TITLE	
NAME	HAMPTON, JOHN W	4.2 NAME	
STREET ADDRESS	10172 LINN STATION RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	TEMPLETON, MARGARET O	5.2 NAME	
STREET ADDRESS	5350 SHORELINE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST FL	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	
NAME	ADAMS, GARY D	6.2 NAME	
STREET ADDRESS	10127 LINN STATION ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	6.4 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 attachment with an address.

SIGNATURE

[Handwritten Signature]

CR2E034 (10/97)