

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
1. Corporation Name **J93996**
Orlando Lake Forest Inc.

Principal Place of Business Mailing Address
c/o NTS Corporation **c/o NTS Corporation**
10172 Linn Station Rd. **10172 Linn Station Rd**
Louisville, Ky. 40223 **Louisville, Ky. 40223**

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

3. Date Incorporated or Qualified **09/21/1987** 3a. Date of Last Report **04/96**

4. FEI Number **61-1126770** Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
Templeton, Margaret O
5350 Shoreline Circle
Lake Forest, FL

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. DC OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Nichols, J. D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10172 Linn Station Rd	1.2 NAME	
STREET ADDRESS	Louisville, Ky.	1.3 STREET ADDRESS	
CITY- ST- ZIP	SVPT	1.4 CITY- ST- ZIP	
TITLE	Hampton, John W. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10172 Linn Station Rd.	2.2 NAME	
STREET ADDRESS	Louisville, Ky.	2.3 STREET ADDRESS	
CITY- ST- ZIP	P	2.4 CITY- ST- ZIP	
TITLE	Good, Richard L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10172 Linn Station Rd.	3.2 NAME	
STREET ADDRESS	Louisville, Ky.	3.3 STREET ADDRESS	
CITY- ST- ZIP	SVPS	3.4 CITY- ST- ZIP	
TITLE	Compton, Gregory A <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10172 Linn Station Rd.	4.2 NAME	
STREET ADDRESS	Louisville, Ky.	4.3 STREET ADDRESS	
CITY- ST- ZIP	VP	4.4 CITY- ST- ZIP	
TITLE	Howard, Susan M. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10172 Linn Station Rd	5.2 NAME	
STREET ADDRESS	Louisville, Ky.	5.3 STREET ADDRESS	
CITY- ST- ZIP	EXVP	5.4 CITY- ST- ZIP	
TITLE	Templeton, Margaret O <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5350 Shoreline Circle	6.2 NAME	
STREET ADDRESS	Lake Forest, FL	6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

[Handwritten Signature]
04/29/97

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-05/01/97--01026--042
*****165.00**

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

SIGNATURE: *Susan M. Howard* **Susan M. Howard, V.P.** **(502) 421-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)