

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

**FILED**  
**Jul 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J93996 (3)**

1. Corporation Name  
**ORLANDO LAKE FOREST, INC.**



Principal Place of Business <b>C/O NTS CORPORATION                  10172 LINN STATION RD.                  LOUISVILLE KY 40223</b>	Mailing Address <b>C/O NTS CORPORATION                  10172 LINN STATION RD.                  LOUISVILLE KY 40223</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1987</b>	
21		26		4. FEI Number <b>61-1126770</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		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	
24	25	29	30		
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent <b>TEMPLETON, MARGARET O                  5350 SHORELINE CIRCLE                  LAKE FOREST FL 32771</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					<b>FL</b>

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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SR. VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLS, J.D.</b>	1.2 NAME	<b>GARY ADAMS</b>
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	1.3 STREET ADDRESS	<b>10172 LINN STATION ROAD</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	1.4 CITY-ST-ZIP	<b>LOUISVILLE KY 40223</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOOD, RICHARD L</b>	2.2 NAME	<b>PATRICK GASSAWAY</b>
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	2.3 STREET ADDRESS	<b>10172 LINN STATION ROAD</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	2.4 CITY-ST-ZIP	<b>LOUISVILLE KY 40223</b>
TITLE	<b>SVPS / COUNSEL</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT ASST. TREAS.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREGORY A. COMPTON</b>	3.2 NAME	<b>NEIL MITCHELL</b>
STREET ADDRESS	<b>10172 LINN STATION RD.</b>	3.3 STREET ADDRESS	<b>10172 LINN STATION ROAD</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	3.4 CITY-ST-ZIP	<b>LOUISVILLE KY 40223</b>
TITLE	<b>SVPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Exec. Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMPTON, JOHN W</b>	4.2 NAME	<b>Brian F. Lavin</b>
STREET ADDRESS	<b>10172 LINN STATION RD</b>	4.3 STREET ADDRESS	<b>10172 Linn Station Road</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	4.4 CITY-ST-ZIP	<b>Louisville, KY 40223</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>TEMPLETON, MARGARET O</b>	5.2 NAME	<b>100002589111</b>
STREET ADDRESS	<b>5350 SHORELINE CIRCLE</b>	5.3 STREET ADDRESS	<b>-07/15/98--01002--040</b>
CITY-ST-ZIP	<b>LAKE FOREST FL</b>	5.4 CITY-ST-ZIP	<b>***2400.00</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>HOWARD, SUSAN</b>	6.2 NAME	<b>100002589111</b>
STREET ADDRESS	<b>10172 LINN STATION RD</b>	6.3 STREET ADDRESS	<b>-07/15/98--01002--035</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	6.4 CITY-ST-ZIP	<b>***150.00</b>

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: \_\_\_\_\_

CR2E034 (10/97)