

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90054 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J93996 ✓

1. Corporation Name
ORLANDO LAKE FOREST, INC.

Principal Place of Business c/o NTS Corporation 10172 Linn Station Road Louisville, KY 40223	Mailing Address c/o NTS Corporation 10172 Linn Station Road Louisville, KY 40223
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/21/1987	4. FEI Number 61-1126770	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

TEMPLETON, MARGARET O
5350 Shoreline Circle
Lake Forest, FL 32771

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

FL

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. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NICHOLS, JD	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	GOOD, RICHARD L	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAVIN, BRIAN F	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TEMPLETON, MARGARET O	
STREET ADDRESS	5350 Shoreline Circle	
CITY-ST-ZIP	Lake Forest, FL 32771	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ADAMS, GARY D	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GASSAWAY, B. PATRICK	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	YPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MITCHELL, NEIL A	
1.3 STREET ADDRESS	10172 Linn Station Road	
1.4 CITY-ST-ZIP	Louisville, KY 40223	
2.1 TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD, SUSAN M	
2.3 STREET ADDRESS	10172 Linn Station Road	
2.4 CITY-ST-ZIP	Louisville, KY 40223	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Susan M. Howard **Susan M. Howard, YP/Sec 4/29/99 (502) 426-4800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)