


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 26 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 # M89394  
1. Corporation Name

LAKE FOREST REALTY, INC.

Principal Place of Business	Mailing Address
C/O NTS CORPORATION 10172 LINN STATION ROAD LOUISVILLE, KY 40223-3887	C/O NTS CORPORATION 10172 LINN STATION ROAD LOUISVILLE, KY 40223-3887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/13/1988	61-1149966	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	24	25	29
24	25	29	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
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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD L. GOOD	2.2 NAME	
STREET ADDRESS	10172 LINN STATION ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY	2.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY A. COMPTON	3.2 NAME	
STREET ADDRESS	10172 LINN STATION ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY	3.4 CITY-ST-ZIP	
TITLE	SVPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMPTON, JOHN W.	4.2 NAME	
STREET ADDRESS	10172 LINN STATION ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GARY D.	5.2 NAME	
STREET ADDRESS	10172 LINN STATION ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLETON, MARGARET O.	6.2 NAME	
STREET ADDRESS	5350 SHORELINE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST, FL	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: *Susan M. Howard, Vice President Susan M. Howard, V.P. 8/4/98* (502) 426-4800

CR2E034 (5/98)