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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744813

1. Corporation Name
TERRACE PARK OF FIVE TOWNS, NO. 16, INC.

Principal Place of Business 5705 80TH STREET NORTH ST.PETERSBURG FL 33709	Mailing Address 5705 80TH STREET NORTH ST.PETERSBURG FL 33709
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1975358
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KRIZEK, LORRAINE 5705 80 ST. NO. UNIT 204 ST. PETERSBURG FL 33709		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONGRANO, FRANK	1.2 NAME	D HOCK, DAVE
STREET ADDRESS	5705 80TH ST N. APT. 312	1.3 STREET ADDRESS	5705 80th ST. N. APT. 215
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILDA P.	2.2 NAME	
STREET ADDRESS	5705 80TH ST. N., #215	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEK, LORRAINE	3.2 NAME	
STREET ADDRESS	5705 80TH ST N., #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUDA, LORRAINE	4.2 NAME	
STREET ADDRESS	5705 80TH ST. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAUX, GEORGIA	5.2 NAME	
STREET ADDRESS	5705 80TH ST. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACETTE, ALBERT	6.2 NAME	
STREET ADDRESS	5705 80TH ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	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 617, 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: Lorraine Krizek SIGNATURE REQUIRED 3/21/99 727/546-2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/99)