

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 MAY -1 AM 9:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 350006 (3)**  
1. Corporation Name  
**FAUSTO'S FOOD PALACE, INC.**

Principal Place of Business Mailing Address  
**522 FLEMING STREET 522 FLEMING STREET  
KEY WEST FL 33040 KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/29/1969** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-1270432** 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**  
7. This corporation has authority to change its office in Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**JAMES F WEEKLEY  
519 ELIZABETH STREET  
KEY WEST FL 33040**

10. Name and Address of Now 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 607.0507 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 \_\_\_\_\_ (Print or type name of registered agent and title if applicable) \_\_\_\_\_ (Print Registered Agent signature, separate when registering) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>WEEKLEY, CARL</b>
STREET ADDRESS	<b>517 ELIZABETH ST</b>
CITY, ST, ZIP	<b>KEY WEST FL</b>
TITLE	<b>STD</b>
NAME	<b>WEEKLEY, ANA L</b>
STREET ADDRESS	<b>517 ELIZABETH ST</b>
CITY, ST, ZIP	<b>KEY WEST FL</b>
TITLE	<b>PD</b>
NAME	<b>WEEKLEY, JAMES F</b>
STREET ADDRESS	<b>519 ELIZABETH ST</b>
CITY, ST, ZIP	<b>KEY WEST FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>300001482069</b>
14 CITY, ST, ZIP	<b>-05/10/95--01013--021</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>****200.00</b>
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information on this filing is true, correct and complete 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 of the corporation and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an addition.

SIGNATURE: *James F. Weekley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**James F. Weekley**

**4/28/95 (305) 294-0999**