

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77399** (7)

1. Corporation Name
FAUSTO'S INVESTMENT, CORP.

Principal Place of Business
**% ALTON WEEKLEY
1105 WHITE ST.
KEY WEST FL 33040**

Mailing Address
**% JAMES F. WEEKLEY
1105 WHITE ST.
KEY WEST FL 33040
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1988** 3a. Date of Last Report **03/08/1994**

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

4. FEI Number 65-0055216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Owing <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
7. This corporation has liability for intangible tax under C. 199.005, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEEKLEY, JAMES F
519 ELIZABETH ST
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
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 _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEEKLY, ALTON
STREET ADDRESS	7108 WOODFIELD DR TAMPA FL
CITY, STATE, ZIP	
TITLE	DST
NAME	WEEKLEY, JAMES F
STREET ADDRESS	519 ELIZABETH ST KEY WEST, FL 33040
CITY, STATE, ZIP	
TITLE	DP
NAME	WEEKLEY, ANA L
STREET ADDRESS	517 ELIZABETH ST KEY WEST, FL 33040
CITY, STATE, ZIP	
TITLE	CD
NAME	WEEKLEY, CARL
STREET ADDRESS	517 ELIZABETH ST. KEY WEST FL
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY, STATE, ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY, STATE, ZIP	

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******200.00 ****200.00**

[Handwritten signature]

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), Florida Statutes. I further certify that the information is correct as the 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 person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. My Attachment was an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND PRINTED OR WRITTEN NAME OF PRINTING OFFICER OR DIRECTOR
James F. Weekley

[Handwritten Signature] **April 28, 1995 (305) 294-0977**