

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Madano
Secretary of State
DIVISION OF CORPORATIONS

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

21	2. Principal Place of Business	2a	Mailing Address
22	Subs. Apt. #, etc.	26	Subs. Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
	Country	29	Country
25	g. Name and Address of Current Registered Agent		
29	30		

**WEEKLEY, JAMES F
519 ELIZABETH ST
KEY WEST FL 33040**

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04/20/1988		05/01/1995
4.	FEI Number	Applied For	
	65-0055216		Not Applicable
5.	Certificate of Status Due		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 617.05(2) and 617.15(1), 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 617.05(5), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLY, ALTON	12 NAME	
STREET ADDRESS	7108 WOODFIELD DR	13 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	14 CITY-STATE-ZIP	
TITLE	DST	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, JAMES F	16 NAME	
STREET ADDRESS	519 ELIZABETH ST	17 STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST, FL 33040	18 CITY-STATE-ZIP	
TITLE	DP	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, ANA L	20 NAME	
STREET ADDRESS	517 ELIZABETH ST	21 STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST, FL 33040	22 CITY-STATE-ZIP	
TITLE	CD	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, CARL	24 NAME	
STREET ADDRESS	517 ELIZABETH ST.	25 STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST FL	26 CITY-STATE-ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE-ZIP		30 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 registered or business agent, who is to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attached card with an address.

SIGNATURE: *James F. Weekly (DST)* 4/24/96 (305) 294-524

CR2E034 (12/95)