

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M77399 (7)
1. Corporation Name
FAUSTO'S INVESTMENT, CORP.



Principal Place of Business Mailing Address
ALTON WEEKLEY
1105 WHITE ST.
KEY WEST FL 33040
% JAMES F. WEEKLEY
1105 WHITE ST.
KEY WEST FL 33040-3326
US

3. Date Incorporated or Qualified 04/20/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0055216 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1105 WHITE ST. 26
State, Apt. #, etc. State, Apt. #, etc.
22 City & State 27 City & State
23 Key West, Fl. 28
Zip Country Zip Country
24 33040 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEEKLEY, JAMES F
519 ELIZABETH ST
KEY WEST FL 33040

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 officer 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: *James F. Weekley* James F. WEEKLEY DATE: March 13, 1997
(NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WEEKLY, ALTON	1.2 NAME	
STREET ADDRESS	7108 WOODFIELD DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST WEEKLEY, JAMES F	2.2 NAME	
STREET ADDRESS	519 ELIZABETH ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	KEY WEST, FL 33040	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP WEEKLEY, ANA L	3.2 NAME	
STREET ADDRESS	517 ELIZABETH ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	KEY WEST, FL 33040	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD WEEKLEY, CARL	4.2 NAME	
STREET ADDRESS	517 ELIZABETH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	KEY WEST FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: *James F. Weekley* James F. WEEKLEY DATE: 3/13/97 (305) 294-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)