

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RECEIVED
TALLAHASSEE, FLORIDA

APPROVED
DATE

DOCUMENT # **M54252**

(5)

G & L CUSTOM WOODCRAFTERS, INC.

FILED MAY 1 1995

TALLAHASSEE, FLORIDA

2385 N. DIXIE HWY
BAY CA
BOCA RATON FL 33431

2385 N. DIXIE HWY
BAY CA
BOCA RATON FL 33431

DATE OF FILING (SEE INSTRUCTIONS)

3. Filing Date (SEE INSTRUCTIONS)	3a. Filing Date (SEE INSTRUCTIONS)
06/22/1987	05/01/1994
4. Filing Number	4a. Filing Number
59-2823150	Not Applicable
5. Certificate of Status Fee	\$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 information furnished by this corporation.	

2. Filing Date (SEE INSTRUCTIONS)	2a. Filing Date (SEE INSTRUCTIONS)
21. 831 S.W. 17 TH AVE.	26. 951 SPANISH CIRCLE
22. APT. 146	27. APT. 146
23. DELRAY BCH, FL	28. DELRAY BCH, FL
24. 33444	29. 33483

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

-PAINTER, JAMES M.
1300 N. FEDERAL HWY.
BOCA RATON FL 33432-

81. Name	82. Street Address (If C) Box Number is Not Acceptable	83. City	84. State	85. Zip Code
LAWRENCE P. ZUCCALA	951 SPANISH CIRCLE APT. 146	DELRAY BEACH	FL	33483

11. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *James P. Zuccala*

4/27/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: PTD ZUCCALA, LAWRENCE P. JR ADDRESS: 951 SPANISH CIR DELRAY BEACH FL	1. NAME: [] Change [] Add
NAME: S ZUCCALA, EDITH B. ADDRESS: 951 SPANISH CIR DELRAY BEACH FL	2. NAME: [] Change [] Add
NAME: []	3. NAME: [] Change [] Add
NAME: []	4. NAME: [] Change [] Add
NAME: []	5. NAME: [] Change [] Add
NAME: []	6. NAME: [] Change [] Add
NAME: []	7. NAME: [] Change [] Add
NAME: []	8. NAME: [] Change [] Add
NAME: []	9. NAME: [] Change [] Add
NAME: []	10. NAME: [] Change [] Add
NAME: []	11. NAME: [] Change [] Add
NAME: []	12. NAME: [] Change [] Add
NAME: []	13. NAME: [] Change [] Add
NAME: []	14. NAME: [] Change [] Add
NAME: []	15. NAME: [] Change [] Add

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *James P. Zuccala*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407-278-0548