

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K47612** (2)

1. Corporation Name

G R M DIVERSIFIED INVESTMENT, INC.



Principal Place of Business

Mailing Address

% EUGENE R. MAKUS
5195 206 TERRACE NORTH
LOXAHATCHEE FL 33470

% EUGENE R. MAKUS
5195 206 TERRACE NORTH
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0083357

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAKUS JR. EUGENE R.
5195 206 TERRACE NORTH
LOXAHATCHEE FL 33470**

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MAKUS, EUGENE R., JR.**
STREET ADDRESS **5195 106 TERR. NO.**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE

NAME **S
MAKUS, JEWEL B.**
STREET ADDRESS **1609 N.E. 48TH CT.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **TD
MAKUS, SHIRLEY**
STREET ADDRESS **5195 206 TERR. NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE

NAME **RA
MAKUS SR., EUGENE R.**
STREET ADDRESS **1609 N.E. 48TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Makus Shirley Makus

2/10/96

791-0449

CR2E034 (12/95)