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

PROFIT



CORPORATION ANNUAL REPORT 1996		Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCU 1. Corporation	MENT # K4761	2 (2)			
GRM	DIVERSIFIED INVESTMENT	T, INC.			
Principal Place	of Business	Mailing Address			3101 01011 31011 01811 01011 01011 31011 1001
% EUGENE R. MAKUS 5195 206 TERRACE NORTH LOXAHATCHEE FL 33470		% EUGENE R. MAKUS 5195 206 TERRACE NOR' LOXAHATCHEE FL 33470		Date Incorporated or Qualified	
				11/29/1988	3a. Date of Last Report 01/24/1995
2. Principal Pi	ace of Business	2a. Mailing Address		4. Ft Namber	Applied For
21 Cuito And	A sta	26		65-0083357	Not Applicable
Suite, Apt. 22]	#, U (C)	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z _(p)	Country 30	8. This corporation has liability for in Florida Statutes 1 Yes	intangible tax under s. 199.032, \times No
	9. Name and Address of Curren			10. Name and Address of New R	_
			81 Name		
	JR. EUGENE R.		82 Street Addre	ess (P.O. Box Number is Not Acceptab	kı)
	6 TERRACE NORTH		83		
LUXANA	ITCHEE FL 33470		<u> </u>		· · · · · · · · · · · · · · · · · · ·
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statutes,	the above named corpora	tion submits this statement for the pur	pose of changing its registered office
familiar wi	th, and accept the obligations of, Secti	ion 607.0505, Florida Statutes.	by the corporation's toan	or or directors. Thereby accept the appr	ontment as registered agent. Fam
SIGNATURE	Signature, typical or printed name of registered agent	and the diagram ble (NOT)	Registered Agrant signature required	Market Board Alon II	DAIL
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	
THE	PD	DELETE	1 1 TITLE		Change Addition
NAME	MAKUS, EUGENE R., JR.		1.2 NAME	195 206 Terr. no.	rth
STREET ADDRESS	5195 106 TERR., NO. LOXAHATCHEE FL			775 4-5	
CHTY-ST-ZIP TITLE	S	DELETE	1.4 C/TY-ST-Z/F		Change Addition
NAME	MAKUS, JEWEL B.	627	2.2 NAME		G
STHEFT ADDRESS	1609 N.E. 48TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY - ST - ZIC		
TITLE	TD	☐ DELETE	3 1 THEE		Change Addition
NAME	MAKUS, SHIRLEY		3.2 NAME		
STREET ADDRESS	5195 206 TERR. NORTH		3.3 STREET ADDRESS		
CITY ST-ZIP	LOXAHATCHEE FL RA	☐ DELETE	34 C(1)Y-S1-Z(f) 4 1 T(1)LE		Change Addition
NAME	MAKUS SR., EUGENE R.	□ beteve	42 NAME		Change Matition
STREET ADDRESS	1609 N.E. 48TH COURT		4.3 STREET ADDRESS		
CiTY · ST - ZiP	POMPANO BEACH FL		4.4 City - St - ZiP		
THILE	The second secon	☐ DELETE	5 1 TI7. E		Criange Addition
NAM:			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CHY+ST-7IP		
THE					
NAME		☐ percie	6 1 TH LE - 62 NAME		Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 chapter 607, or on an attachment with an address.

63 STREET ACIDRESS

6.4 CITY - ST-7IP

STREET ADDRESS

CITY-ST-ZIP

Shirley Makus 2/10/96