

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1988	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent MAKUS JR. EUGENE R. 5195 206 TERRACE NORTH LOXAHATCHEE FL 33470				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE <i>Eugene R. Makus Jr.</i>				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)				83.	
				84. City	
				FL 85. Zip Code	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	MAKUS, EUGENE R., JR.		
STREET ADDRESS	5195 206 TERRACE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
S	MAKUS, JEWEL B.		
STREET ADDRESS	1609 N.E. 48TH CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
TD	MAKUS, SHIRLEY		
STREET ADDRESS	5195 206 TERR. NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
RA	MAKUS SR., EUGENE R.		
STREET ADDRESS	1609 N.E. 48TH COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *Eugene R. Makus Jr.* DATE: *4/3/98* No change

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TITLE	NAME	1.1 TITLE	1.2 NAME
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CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
S	MAKUS, JEWEL B.		
STREET ADDRESS	1609 N.E. 48TH CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
TD	MAKUS, SHIRLEY		
STREET ADDRESS	5195 206 TERR. NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	3.4 CITY - ST - ZIP	
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RA	MAKUS SR., EUGENE R.		
STREET ADDRESS	1609 N.E. 48TH COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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SIGNATURE: *Eugene R. Makus Jr.* DATE: *4/3/98*

CR2E034 (10/97)