

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 28 AM 9:03**

**DOCUMENT # 857118 (4)**

1. Corporation Name  
**GLOBE USA, INC.**

Principal Place of Business Mailing Address  
**9669 C MAIN STREET FAIRFAX VA 22031-3742**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/15/1983</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>54-1241154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 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 partial name of registered agent and fee associate) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, W.B.</b>	12 NAME	
STREET ADDRESS	<b>9669-C MAIN ST.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FAIRFAX VA</b>	14 CITY - ST - ZIP	
TITLE	<b>VD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, COLIN J.</b>	22 NAME	
STREET ADDRESS	<b>THE HOLLIES HOLLYBRED LN</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>DANBURY, ESSEX, ENG.</b>	24 CITY - ST - ZIP	
TITLE	<b>SD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, IRENE</b>	32 NAME	
STREET ADDRESS	<b>7316 SCARLET OAK COURT</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FAIRFAX STATION VA</b>	34 CITY - ST - ZIP	
TITLE	<b>ASD</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, CHERYL A.</b>	42 NAME	
STREET ADDRESS	<b>13023 HARVEST PLACE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>CLIFTON VA</b>	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(b), 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: **6-20-95** **703**  
DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

CR2E034 (3/95)