

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

APPROVED
AND
FILED

90 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000088739 (5)

To: Corporation Name

GLOBAL HEADWEAR, INC.

Principal Place of Business

1436 SW 109TH WAY
DAVIE FL 33324

Mailing Address

1436 SW 109TH WAY
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created
12/07/1994

3a. Date of Last Report

4. EPI Number
65-0542838

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. Place of Incorporation

21. State, Apt. #, etc.

2a. Mailing Address

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Country

28. Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINSTEIN, LAWRENCE ESQ.
1999 UNIVERSITY DRIVE STE. 402
CORAL SPRINGS FL 33071

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the 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

(If the Registered Agent is not a resident of the State of Florida, the signature of the Registered Agent must be accompanied by a power of attorney.)

(If the Registered Agent is not a resident of the State of Florida, the signature of the Registered Agent must be accompanied by a power of attorney.)

Name

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD JACOBSON, HOWARD POST OFFICE BOX 1429 SCRANTON PA 18501				
VD JACOBSON, JEFFREY POST OFFICE BOX 1429 SCRANTON PA 18501				
SD GRAFF, PHILIP POST OFFICE BOX 1429 SCRANTON PA 18501				
TD DICKSTEIN, DAVID POST OFFICE BOX 1429 SCRANTON PA 18501				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
1. NAME	1. STREET ADDRESS	1. CITY	1. STATE	1. ZIP	☐	☐
2. NAME	2. STREET ADDRESS	2. CITY	2. STATE	2. ZIP	☐	☐
3. NAME	3. STREET ADDRESS	3. CITY	3. STATE	3. ZIP	☐	☐
4. NAME	4. STREET ADDRESS	4. CITY	4. STATE	4. ZIP	☐	☐
5. NAME	5. STREET ADDRESS	5. CITY	5. STATE	5. ZIP	☐	☐
6. NAME	6. STREET ADDRESS	6. CITY	6. STATE	6. ZIP	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 by any officer or director of this corporation or the receiver or trustee empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears on the back of this filing. If a change of address is indicated, I am attaching with an affidavit.

SIGNATURE:

Jeffrey Jacobson
JEFFREY JACOBSON
Vice President

4/25/95