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95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000088739 (5)

1. Corporation Name

GLOBAL HEADWEAR, INC.

Principal Place of Business

1436 SW 10TH WAY
DAVIE FL 33324

Mailing Address

1436 SW 10TH WAY
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

2. Primary Place of Business

21

26. Mailing Address

26

Trade Apt. # etc

22

Suite, Apt. # etc

27

City, State

23

City & State

28

Zip, Country

24

Zip

29

Country

30

WEINSTEIN, LAWRENCE ESQ.
1099 UNIVERSITY DRIVE STE. 402
CORAL SPRINGS FL 33071

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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.

SERIALIZED

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD JACOBSON, HOWARD POST OFFICE BOX 1429 SCRANTON PA 18501	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
VD JACOBSON, JEFFREY POST OFFICE BOX 1429 SCRANTON PA 18501	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
SD GRAFF, PHILIP POST OFFICE BOX 1429 SCRANTON PA 18501	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
TD DICKSTEIN, DAVID POST OFFICE BOX 1429 SCRANTON PA 18501	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY ST ZIP
	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY ST ZIP
	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY ST ZIP
	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP

14. I, the undersigned, certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(d), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by City of Fort Lauderdale, Florida Statutes, and that my signature is that of the officer, director, receiver or trustee mentioned on the attachment with an affidavit.

SIGNATURE:

[Signature] Jacob W. Fray
Signature and Typed Name of BORROWED OFFICER OR DIRECTOR

✓ 4/25/95

Florida Statute

0233389 CP