

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000088739 (5)**

1. 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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**12/07/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0542838**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 printed name of registered agent and date (if applicable)

(NONE: Registered Agent is presently registered with another filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD JACOBSON, HOWARD**  
STREET ADDRESS **POST OFFICE BOX 1429**  
CITY-ST-ZIP **SCRANTON PA 18501**

TITLE ☐ DELETE  
NAME **VD JACOBSON, JEFFREY**  
STREET ADDRESS **POST OFFICE BOX 1429**  
CITY-ST-ZIP **SCRANTON PA 18501**

TITLE ☐ DELETE  
NAME **SD GRAFF, PHILIP**  
STREET ADDRESS **POST OFFICE BOX 1429**  
CITY-ST-ZIP **SCRANTON PA 18501**

TITLE ☐ DELETE  
NAME **TD DICKSTEIN, DAVID**  
STREET ADDRESS **POST OFFICE BOX 1429**  
CITY-ST-ZIP **SCRANTON PA 18501**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 changed, or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey Jacobson**

**VP**

**2/29/96**

**717**

**342 7887**

CR2E034 (12/95)