

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Janice H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 403118

(3)

1. Corporation Name

THE HIROL COMPANY, INC.

95 JAN 19 AM 11:09

Principal Place of Business

**1170 W MCNAB ROAD
FT LAUDERDALE FL 33309**

Mailing Address

**1170 W MCNAB ROAD
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1972

3a. Date of Last Report
03/10/1994

4. FEI Number
22-1695352

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. Principal Place of Business

21. **6500 N.W. 12TH AVE**

Suite, Apt. #, etc.

22. **SUITE 120**

City & State

23. **FT LAUDERDALE, FL**

Zip

24. **33309**

Country

25. **USA**

2a. Mailing Address

26. **6500 N.W. 12TH AVE**

Suite, Apt. #, etc.

27. **SUITE 120**

City & State

28. **FT LAUDERDALE, FL**

Zip

29. **33309**

Country

30. **USA**

9. Name and Address of Current Registered Agent

**O LOUGHLIN, RICHARD P
1170 W MCNAB RD
FT. LAUDERDALE FL 33309**

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 607.1508, 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **O LOUGHLIN, RICHARD P**
STREET ADDRESS **1170 W. MCNAB RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **T**
NAME **O'LOUGHLIN, RICHARD P**
STREET ADDRESS **1170 W MCNAB RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD**
NAME **OLOUGHLIN, SALLY C.**
STREET ADDRESS **1170 W MCNAB RD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **AS**
NAME **LIEBLICH, KATHLEEN**
STREET ADDRESS **1170 W MCNAB RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

DATE

[Signature]

Typed Name