2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000035554

1. Entity Name
IMPERIAL TITLE & ESCROW CO.

Principal Place of Business	Mailing Address
5646 W. ATLANTIC BLVD MARGATE, FL 33063 US	5646 W. ATLANTIC BLVD MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0831514	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIRRO, SANIYE
2000 NE 52ND STREET
FORT LAUDERDALE, FL 33308

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PIRRO, SANIYE
STREET ADDRESS	2000 N 52ND STREET
CITY·ST·ZIP	FT. LAUDERDALE, FL 33308

TITLE	T
NAME	EGELI, ALI I
STREET ADDRESS	8109 SW 24TH ST
CITY·ST·ZIP	N. LAUDERDALE, FL 33068

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

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02/09/04-80102-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Saniye Pirro**   2-6-04   954/590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   3350