FILED

99 JAN II AM II: 25



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOROGOA702

1. Corporation Name					SECRETARY OF STATE			
INDEPENDENT REALTY CAPITAL CORPORATION					TALLAHASSEE, FLORIDA			
							•	
Principal Plac	ce of Business	Mailing Address	<del></del>			.) <b>U</b> ufii 81944 1 <b>06</b> 10		
2401 E KATEL		2401 E KATELLA AVENUE						
#500	Dr Archoc	#500			1			
ANAHEIM CA 92806 ANAHEIM CA 92806				DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed			
			-		<b>09/18/199</b> 6			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26			95-3784457	No	t Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27			37 Certificate of Otatos Desired	Fee Re	quired	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Count	y	8. This corporation owes the current year Ir			
24	25	29	30		Personal Property Tax.	□Yes	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent		
	AARDAD LTIAL AVATEL		8	1 Name				
C T CORPORATION SYSTEM				2 Street Add	ress (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD				E Officer / tour	1 .o. Dox ramber is not Acceptable,			
PLANTATION FL 33324				3				
			Ļ			<del></del>		
				4 City	FI	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above	ve-named corp	poration submits this statement for the purpose of	f changing its	registered	
office or i	registered agent, or both, in the State of	Florida. Such change was at	thorized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	xintment as req	gistered	
	m laminar war, and accept the obligant	ons at, section 607,0005, Flor	ida Statilite	S				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Acc	ent signature require	d when reinstating) DATE			
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	BARRETT, JEFFREY		1.2 NAME		600002740			
STREET ADORESS				TADORESS	-01/14/99	กับกัด	ດາວ 🗢	
CITY-ST-ZIP	ANAHEIM CA 92806		1.4 CITY-		****158.88	******    *****		
TITLE	VSDT	☐ DELETE	2.1 TITLE	51-ZIP	44544170500	ि Change		
NAME	WHITE, JANENE		2.2 NAME		•			
STREET ADDRESS	2401 E KATELLA AVENUE #50	n		TADDRESS				
		U						
CITY-ST-ZIP	ANAHEIM CA 92806	☐ DELETE	2. 4 CiTY-	SI-ZIP		Change	Addition	
		□ here≀e				☐ cusude		
NAME			3.2 NAME					
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TILE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP				
TITLE	·	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				

CITY-ST-ZIP 14. 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

□ DELETE