08101999-90018-019-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700.

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90018 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016327 ✓

1. Corporation Name
AFFIRMATIVE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~35240 US 19 N. SUITE 111~~	~~35240 US 19 N. SUITE 111~~
PALM HARBOR FL 34684	PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1998

2. Principal Place of Business (21): 36430 US 19 N
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): 36430 US 19 N
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-350-2974 ☐ 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 owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FARKAS, STEPHEN J JR~~
~~35240 US 19 N. SUITE 111~~
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

81 Name: RICHARD W. TITTERUD
82 Street Address (P.O. Box Number Is Not Acceptable): 36430 US 19 N
83
84 City: PALM HARBOR FL 85 Zip Code: 34684

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	~~FARKAS, STEPHEN J JR~~		1.2 NAME	TITTERUD, RICHARD W
STREET ADDRESS	~~35240 US 19 N. SUITE 111~~		1.3 STREET ADDRESS	36430 US 19 N
CITY-ST-ZIP	~~PALM HARBOR FL 34684~~		1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BASSOUS, HABIB		2.2 NAME	
STREET ADDRESS	35246 US 19 N. SUITE 111		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: R W Titterud SIGNATURE REQUIRED RICHARD W. TITTERUD Pres. 9/3/99 (727) 772-9884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #