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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F94000003430 (5)**

1. Corporation Name
NOMUS, INC.

Principal Place of Business	Mailing Address
4301 OAK CIRCLE #19 BOCA RATON FL 33431	4301 OAK CIRCLE #19 BOCA RATON FL 33431-4258

3. Date Incorporated or Qualified: 06/29/1994	3a. Date of Last Report: 06/18/1996
4. FEI Number: 65-0497988	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STEWART, DAVID
4301 OAK CIRCLE #19
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: STUART A. RADER, P.A
82 Street Address (P.O. Box Number is Not Acceptable): 1499 WEST PALMETTO PARK RD
83: SUITE 412
84 City: BOCA RATON FL 85 Zip Code: 33486

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] 3/14/97
Signature, type or print 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	CD ☐ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME	FROUIN, MARC	1.2 NAME	SCHELER, KEVIN
STREET ADDRESS	4301 OAK CIRCLE #19	1.3 STREET ADDRESS	2341 FAIRBROOK DRIVE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040.
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FROUIN, HERVE	2.2 NAME	
STREET ADDRESS	4301 OAK CIRCLE #19	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, DAVID	3.2 NAME	
STREET ADDRESS	4301 OAK CIRCLE #19	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TVS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, GILBERT	4.2 NAME	
STREET ADDRESS	4301 OAK CIRCLE #19	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 (9/96)

14. I do 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: [signature] 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #