

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90056 027 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 610799**

1. Corporation Name  
**BIJOUX, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

27001 US HWY 19 N  
 SUITE 1030  
 CLEARWATER FL 34621

Mailing Address

27001 US HWY 19 N  
 SUITE 1030  
 CLEARWATER FL 34621

3. Date Incorporated or Qualified

02/22/1979

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1977568

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

SCHAFFER, WALTER L.  
 2349 SUNSET POINT RD., SUITE 401  
 CLEARWATER FL 33575

10. Name and Address of New Registered Agent

81 Name **WALTER L. SCHAFER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2430 ESTANOLA BLVD**  
 83 **SUITE 10A**  
 84 City **CLEARWATER** FL 85 Zip Code **33761**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDIRAM, SARDJ	1.2 NAME	<b>Ravi CHATANI D/ASST SGT</b>
STREET ADDRESS	2724 REDFORD CT E - 5233 ENCLAVE	1.3 STREET ADDRESS	<b>5233 ENCLAVE DRIVE</b>
CITY-ST-ZIP	CLEARWATER FL DR. OLDSMAN FL 34677	1.4 CITY-ST-ZIP	<b>OLDSMAN FL 34677</b>
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATANI, POKAR	2.2 NAME	
STREET ADDRESS	795 N BAYSHORE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	PDC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDIRAM, NARI	3.2 NAME	
STREET ADDRESS	2724 REDFORD CT E - 5233 ENCLAVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL DR. OLDSMAN FL 34677	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

**SIGNATURE REQUIRED** *Chatani P*

**3/29/99 727 7961263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)