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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	
4. FEI Number 59-1977568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SC	<input type="checkbox"/> DELETE
NAME	CHANDIRAM, SARDJ	
STREET ADDRESS	2724 REDFORD CT. E. 5233 ENCLAVE	
CITY-ST-ZIP	CLEARWATER FL DR. OLDSMAN FL 34677	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CHATANI, POKAR	
STREET ADDRESS	795 N BAYSHORE BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	CHANDIRAM, NARI	
STREET ADDRESS	2724 REDFORD CT. E. 5233 ENCLAVE	
CITY-ST-ZIP	CLEARWATER FL DR. OLDSMAN FL 34677	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ravi CHATANI D/ASST SGT	
1.3 STREET ADDRESS	5233 ENCLAVE DRIVE	
1.4 CITY-ST-ZIP	OLDSMAN FL 34677	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

CR2E034 (1/1/98)