

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 610799

1. Corporation Name  
BIJOUX, INC.

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

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1979

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

SCHAFER, 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

TITLE SC  
NAME CHANDIRAM, SARDJ  
STREET ADDRESS 2724 REDFORD CT E  
CITY-ST-ZIP 5233 ENCLAVE  
CLEARWATER FL 34677

TITLE VTD  
NAME CHATANI, POKAR  
STREET ADDRESS 795 N BAYSHORE BLVD  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE PDC  
NAME CHANDIRAM, NARI  
STREET ADDRESS 2724 REDFORD CT E  
CITY-ST-ZIP 5233 ENCLAVE  
CLEARWATER FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME RAVI CHATANI D/ASST SGT  
1.3 STREET ADDRESS 5233 ENCLAVE DRIVE  
1.4 CITY-ST-ZIP OLD SMY FL 34677

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)