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Secretary of State

04-26-1999 90121 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P9800006137201C

1. Corporation Name
BIJOUTERIE INC.

Principal Place of Business
48 Center Square
Seaside FL 32459

Mailing Address
P O Box 4924
SANTA ROSA BEACH
FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/6/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3513517

Applied For
Not Applicable

21 Suite, Ap. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip County

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip 25 County

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAIG S ROBINSON CPA
1184-D CIRCLE DR
DE FUNIAK SPRINGS FL 32433

81 Name CRAIG S ROBINSON CPA

82 Street Address (P.O. Box Number is Not Acceptable)
1184-D CIRCLE DR

83

84 City DE FUNIAK SPRINGS FL 85 Zip Code 32433

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 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 *Craig S. Robinson CPA*

CRAIG S. ROBINSON, CPA
P.O. BOX 1257 • 1184-D CIRCLE DR.
DEFUNIAK SPRINGS, FL 32435

3/24/99

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, SIT DELETE
NAME Braconnier Laurent
STREET ADDRESS: 280 DOGWOOD ST
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

6.1 TITLE Change 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 307, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

850 2312006

Daytime Phone #

CR2E034 (11/98)