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May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 438159 (6)  
1. Corporation Name  
BEGONIA CORPORATION



Principal Place of Business  
6275 N. OCEAN BLVD  
OCEAN RIDGE FL 33435-5211

Mailing Address  
6275 N. OCEAN BLVD  
OCEAN RIDGE FL 33435-5211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCHWAB, PHILIP  
6275 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435~~

81 Name  
CHARLES C. CHILLINGWORTH, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2090 PALM BEACH LAKES BLVD,  
83 SUITE 800  
84 City  
W. PALM BEACH FL 85 Zip Code  
33409

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

CHARLES C. CHILLINGWORTH  
Signature, typed or printed name of registered agent and title if applicable

4/28/98  
DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

SCHWAB, PHILIP B  
6275 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPS

SCHWAB, MARY L  
6275 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 the information has 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

HELEN K. FEKETE  
Signature, typed or printed name of registered agent and title if applicable

4/29/98 5/1/1040-1000  
DATE

CR2E034 (10/97)