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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90228 021 ***150.00

DOCUMENT # 438159 (6)

1. Corporation Name
BEGONIA CORPORATION

[redacted]

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1973

2. Principal Place of Business 21	2a. Mailing Address 26 580 VILLAGE BLVD.	4. FEI Number 59-1488381	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 160	5. Certificate of Status Desired	**$8.75** Additional Fee Required
City & State 23	City & State 28 WEST PALM BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33409 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARLES C. CHILLINGWORTH, ESQ. 2090 P.B. LAKES BLVD., #1800 W. PALM BEACH, FL 33409	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Jeanne Odom Conway, Esq. 580 Village Blvd., Suite 160 84 West Palm Beach, FL 33409 FL 85 Zip Code

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] 4/29/99
Signature, typed or printed name of registered agent and title if applicable (New Registered Agent's signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWAB, PHILIP B	1.2 NAME	
STREET ADDRESS	6275 N. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	1.4 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWAB, MARY L	2.2 NAME	
STREET ADDRESS	6275 N. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HELEN K. FERETE	3.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD.	3.3 STREET ADDRESS	580 Village Blvd., Suite 160
CITY-ST-ZIP	W. PALM BEACH, FL 33409	3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: Helen K. Ferete, Secretary 4/29/99 561-640-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Area Code & Daytime Telephone Number