


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90004 007 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000003235</b>					
1. Corporation Name <b>BENCO DENTAL SUPPLY CO.</b>					
Principal Place of Business <b>11 BEAR CREEK BLVD WILKES-BARRE PA 18702</b>			Mailing Address <b>11 BEAR CREEK BLVD WILKES-BARRE PA 18702</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/20/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-2718942</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	<b>COHEN, LAWRENCE E</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>				
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	<b>COHEN, SALLY</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>				
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>MINICHOWSKI, ANTHONY</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>				
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>DELLARTE, JOSEPH</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>				
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>COHEN, CHARLES</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>				
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>				
TITLE	V & TREASURER	<input type="checkbox"/> DELETE			
NAME	<b>COHEN, RICHARD</b>				
STREET ADDRESS	<b>11 BEAR CREEK BLVD.</b>				
CITY-ST-ZIP	<b>WILKES BARRE PA 18702</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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					

SIGNATURE:

*C. F. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

570-825-7781

Date

Daytime Phone #

CR2E034 (11/98)