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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # F9400003235

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

05-06-1999 90004 007 ***150.00

BENCO DENTAL SUPPLY CO. Mailing Address Principal Place of Business 11 BEAR CREEK BLVD 11 BEAR CREEK BLVD WILKES-BARRE PA 18702 WILKES-BARRE PA 18702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/20/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 23-2718942 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes the current year Intangible X No 25 30 ☐ Yes 24 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE 1.1 TITLE ☐ Change TITLE COHEN, LAWRENCE E 1.2 NAME NAME 11 BEAR CREEK BLVD 1.3 STREET ADDRESS STREET ADDRESS **WILKES-BARRE PA 18702** 1.4 CITY-ST-ZIP CITY-ST-ZIP ПΠЕ □ DELETE 2.1 TITLE ☐ Change Addition COHEN, SALLY 22 NAME NAME 11 BEAR CREEK BLVD 2.3 STREET ADDRESS STREET ADDRESS **WILKES-BARRE PA 18702** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DFI FTE TITLE 3.1 TITLE MINICHOWSKI, ANTHONY 3.2 NAME NAME 11 BEAR CREEK BLVD 3.3 STREET ADDRESS STREET ADDRESS WILKES-BARRE PA 18702 CITY-\$T-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME DELLARTE, JOSEPH 4.2 NAME STREET ADDRESS 11 BEAR CREEK BLVD 4.3 STREET ADDRESS **WILKES-BARRE PA 18702** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME COHEN, CHARLES 5.3 STREET ADDRESS STREET ADDRESS 11 BEAR CREEK BLVD 5.4 CITY-ST-ZIP **WILKES-BARRE PA 18702** CITY-ST-ZIP ☐ DELETE 81 TITLE ☐ Change Addition & TREASURKR TITLE 6.2 NAME COHEN, RICHARD NAME 6.3 STREET ADDRESS 11 BEAR CREEK BLVD. STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

WILKES BARRE PA 18702

CHARLES FE COWEN

CR2E034 (11/98)