

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 317698 (9)
1. Corporation Name
BENTO INCORPORATED



Principal Place of Business Mailing Address
2066 14TH AVENUE **2066 14TH AVENUE**
P.O. BOX 965 **P.O. BOX 965**
VERO BEACH FL 32960 **VERO BEACH FL 32960**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

BRACKETT, ROBERT L.
2066 14TH AVENUE
VERO BEACH FL 32960

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

Signature, typed or printed name of registered agent and title if applicable

(If Other Registered Agent Signature required when re-registering)

Date:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRACKETT, ROBERT L.	2066 14TH AVE.	VERO BEACH FL	☐
VD	FESSEL, RONALD M.	485 BREEZY LANE	CINCINNATI OH	☐
TD	BRACKETT, SANDRA D.	2066 14TH AVE.	VERO BEACH FL	☐
SD	FESSEL, NINA	485 BREEZY LANE	CINCINNATI OH	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	☐	☐	☐
2.1	2.2	2.3	2.4	☐	☐	☐
3.1	3.2	3.3	3.4	☐	☐	☐
4.1	4.2	4.3	4.4	☐	☐	☐
5.1	5.2	5.3	5.4	☐	☐	☐
6.1	6.2	6.3	6.4	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Brackett 1/12/96 (407) 567-4303

Date:

Daytime Phone:

CR2E034 (12/95)