

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

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # F94000003235 (8)**

1. Corporation Name

**BENCO DENTAL SUPPLY CO.**



Principal Place of Business

Mailing Address

**11 BEAR CREEK BLVD  
WILKES-BARRE PA 18702**

**11 BEAR CREEK BLVD  
WILKES-BARRE PA 18702**

3. Date Incorporated or Qualified **06/20/1994** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **23-2718942** Applied For  Not Applicable

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input 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	<b>S</b>	<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	<b>V</b>	<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	<b>V</b>	<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	<b>V</b>	<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	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, CHARLES</b>	
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	

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	

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

Date

Daytime Phone #

CR2E034 (12/95)