

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003235 (8)

1. Corporation Name  
BENCO DENTAL SUPPLY CO.



Principal Place of Business  
11 BEAR CREEK BLVD  
WILKES-BARRE PA 18702

Mailing Address  
11 BEAR CREEK BLVD  
WILKES-BARRE PA 18702-7803

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 23-2718942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, LAWRENCE E	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, SALLY	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MINICHOWSKI, ANTHONY	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELLARTE, JOSEPH	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COHEN, CHARLES	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES	
STREET ADDRESS	11 BEAR CREEK BLVD	
CITY- ST- ZIP	WILKES-BARRE PA 18702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do 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 recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Back 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence E Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (717) 825-7781  
DATE SYSTEM PHONE #

CR2E034 (9/96)