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FILED
Jun 10 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
(Same as)

3. Date Incorporated or Qualified **06/20/1994** 3a. Date of Last Report **05/01/96**

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

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

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

B1 Name

B2 Street: Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

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's signature required when re-appointing) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COHEN, RICHARD	
1.3 STREET ADDRESS	11 BEAR CREEK BLVD	
1.4 CITY-ST-ZIP	WILKES BARRE, PA 18702	
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		

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*****61.25**

Handwritten: RW 6-10-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, as designated, or on an attachment with an address.

SIGNATURE: *[Signature]* PRES. **4/25/97**

STATE OF FLORIDA, DEPARTMENT OF STATE, DIVISION OF CORPORATIONS

CR2E034 (9/96)