

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

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

05-06-1999 90004 007 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003235**

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
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DO NOT WRITE IN THIS SPACE

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.	30.

3. Date Incorporated or Qualified  
**06/20/1994**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, LAWRENCE E</b>	1.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	1.4 CITY-ST-ZIP
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, SALLY</b>	2.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	2.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINICHOWSKI, ANTHONY</b>	3.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	3.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELLARTE, JOSEPH</b>	4.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	4.4 CITY-ST-ZIP
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, CHARLES</b>	5.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES-BARRE PA 18702</b>	5.4 CITY-ST-ZIP
TITLE	<b>V &amp; TREASURER</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, RICHARD</b>	6.2 NAME
STREET ADDRESS	<b>11 BEAR CREEK BLVD.</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>WILKES BARRE PA 18702</b>	6.4 CITY-ST-ZIP

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.

SIGNATURE: C. F. COHEN **CHARLES E. COHEN** Date: 4/28/99 570-825-7781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (11/98)