

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9: 04

DOCUMENT # **P40399** (8)
1. Corporation Name
BENT & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2500 N TRAIL SUITE 222 NAPLES FL 33940 US **825 OLD THORN RUN RD CORAOPOLUS PA 15108-1151 US**

3. Date Incorporated or Qualified **09/09/1992** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		25-1544516		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199 (3)(2), Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip Country		Zip Country		33937 USA		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENT, WALTER L. 2500 N. TRAIL, SUITE 222 NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLASHO, LOU	12 NAME	WALTER L. BENT
STREET ADDRESS	6001 PELICAN BAY BLVD	13 STREET ADDRESS	296 ROCKHILL COURT
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	MARCO ISLAND, FL 33937
TITLE	SECRETARY	21 TITLE	VICE PRESIDENT OF FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENT, LEE P.	22 NAME	JEFFREY S. BAROCCAS
STREET ADDRESS	296 ROCKHILL COURT	23 STREET ADDRESS	738 SIESTA KEY CIRCLE
CITY - ST - ZIP	MARCO ISLAND FL	24 CITY - ST - ZIP	SARASOTA, FL 34242
TITLE		31 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	JOHN B. BRADY
STREET ADDRESS		33 STREET ADDRESS	165 COWHILL ROAD
CITY - ST - ZIP		34 CITY - ST - ZIP	CLINTON, CT 06437
TITLE		41 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	HUGH G. VAN DER VEER
STREET ADDRESS		43 STREET ADDRESS	212 FALCONHURST DRIVE
CITY - ST - ZIP		44 CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE		51 TITLE	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	MIKE J. MCNEELAN
STREET ADDRESS		53 STREET ADDRESS	3032 SANDPIPER BAY CIRCLE G305
CITY - ST - ZIP		54 CITY - ST - ZIP	NAPLES, FL 33962
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 applicable, or on an attachment with an address.

SIGNATURE: Walter L. Bent **BENT & ASSOCIATES, INC.** BY: _____
6/21/95 941-262-2300
Signature typed or printed name of signing officer or director Date Telephone Number
WALTER L. BENT, PRESIDENT OF BENT & ASSOCIATES, INC.