

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 15 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40399 (8)**

1. Corporation Name  
**BENT & ASSOCIATES, INC.**



Principal Place of Business <b>2500 N TRAIL          SUITE 222          NAPLES FL 33940          US</b>	Mailing Address <b>296 ROCKHILL COURT          MARCO ISLAND FL 33937          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2500 N TAMiami TRAIL</b> Suite, Apt. #, etc. <b>22 # 221</b> City & State <b>23 NAPLES FL</b> Zip <b>24 34103</b>	2a. Mailing Address <b>26 296 ROCKHILL COURT</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	3. Date Incorporated or Qualified <b>09/09/1992</b>	3a. Date of Last Report <b>11/12/1996</b>
		4. FEI Number <b>25-1544516</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENT, WALTER L.  
 2500 N. TRAIL, SUITE 222  
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

**81 Name BENT, WALTER L.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2500 N TAMiami TRAIL  
 83 # 221  
 84 City NAPLES FL 85 Zip Code 34103**

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 Walter Bent 9/9/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENT, WALTER L.	
STREET ADDRESS	296 ROCKHILL COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENT, LEE P	
STREET ADDRESS	296 ROCKHILL COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHLOTTMAN, DAVID L	
STREET ADDRESS	2018 PRINCE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VANDERVEER, HUGH G	
STREET ADDRESS	212 FALCONHURST DRIVE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

SIGNATURE: Walter Bent 9/9/97 (941) 262-2300

CR2E034 (4/97)