

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ^{\$750.00}

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40399**

1. Corporation Name
BENT & ASSOCIATES, INC.

2. Principal Place of Business

2500 N TAMiami TRl #221
NAPLES FL 34103
US

Mailing Address

296 ROCKHILL COURT
MARCO ISLAND FL 33837
US

21. Principal Place of Business

21. *2500*

22. *2500*

23. *2500*

24. *2500*

9. Name and Address of Current Registered Agent

BENT, WALTER L.
2500 N. TRAIL, SUITE 222 *2500 N. Tamiami Trail,*
SUITE 222 *Suite 222*
NAPLES FL 34103

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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and I, the undersigned, with and accept the obligations of Section 607.0505, Florida Statutes.

Walter L Bent

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

P BENT, WALTER L.
296 ROCKHILL COURT
MARCO ISLAND FL
VP
BENT, LEE P
296 ROCKHILL COURT
MARCO ISLAND FL
VP
SCHLOTTMAN, DAVID L
2018 PRINCE DRIVE
NAPLES FL
AS
VANDERVEER, HUGH G
212 FALCONHURST DRIVE
PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

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****750.00 ****750.00

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 provided 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. 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 Sections 12 or 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

David Schlottman VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/99
Date

Daytime Phone #

REINSTATEMENT *99*

3. Date Incorporated or Qualified
09/09/1992

4. FEI Number **25-1544516** 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

10. Name and Address of New Registered Agent

0462339

CR2E034 (11/98)