

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36223 (8)**

1. Corporation Name
COALITION OF MILITARY DISTRIBUTORS, INC.



Principal Place of Business: **C/O JAMES NJULIANA ASSOC. 1899 L STREET WASHINGTON DC 20036 US**
Mailing Address: **C/O JAMES NJULIANA ASSOC. 1899 L STREET WASHINGTON DC 20036 US**

3. Date Incorporated or Qualified: **01/22/1990**
3a. Date of Last Report: **11/22/1995**
4. FEI Number: **59-2977277**
Applied For: 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
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent: **HUELSBECK, HARRY 4150 WEST BLOUNT STREET PENSACOLA FL 32505**
10. Name and Address of New Registered Agent: 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	<input type="checkbox"/> DELETE	1.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JILLSON, JIM		1.2 NAME: DUFFIELD, JIM	
STREET ADDRESS: 9990 EMPIRE ST., SUITE 100		1.3 STREET ADDRESS: 1936 BUNTING CT.	
CITY-ST-ZIP: SAN DIEGO CA		1.4 CITY-ST-ZIP: Edmond, OK 73034	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ECKERK, LARRY		2.2 NAME: Kositske, DAN	
STREET ADDRESS: 1300 LEBAUOU RD		2.3 STREET ADDRESS: 11095 VILING DRIVE	
CITY-ST-ZIP: COLLINSVILLE IL 62234		2.4 CITY-ST-ZIP: EDEN PRAIRIE, MN 55344	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HUELSBECK, HARRY		3.2 NAME: MARCI NICK	
STREET ADDRESS: 4150 WEST BLOUNT ST.		3.3 STREET ADDRESS: FERRY ROAD/PO BOX 821	
CITY-ST-ZIP: PEN FL 32505		3.4 CITY-ST-ZIP: BRATTLEBORO, VT 05302	
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RITCHIE, RON		4.2 NAME:	
STREET ADDRESS: 3601 WASHINGTON BLVD		4.3 STREET ADDRESS:	
CITY-ST-ZIP: BALTIMORE MD		4.4 CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DOWNEY, ROBERT S		5.2 NAME:	
STREET ADDRESS: 4954 SPACE CENTER DR		5.3 STREET ADDRESS:	
CITY-ST-ZIP: SAN ANTONIO TX		5.4 CITY-ST-ZIP:	
TITLE: CD	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JARED, JERRY		6.2 NAME:	
STREET ADDRESS: 3587 ARGONNE AVE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: NORFOLK VA 23509		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ron Ritchie* **RON RITCHIE** 2/29/96 410-247-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)