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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
C/O JAMES N.JULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
US

3. Date Incorporated or Qualified 01/22/1990
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-297727 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

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 FL 85 Zip Code

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 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	SD <input type="checkbox"/> DELETE
NAME	JILLSON, JIM
STREET ADDRESS	9090 EMPIRE ST., SUITE 100
CITY-ST-ZIP	SAN DIEGO CA-
TITLE	D <input type="checkbox"/> DELETE
NAME	ECKERK, LARRY-
STREET ADDRESS	1300 LEBAUOU RD.
CITY-ST-ZIP	COLLINGSVILLE IL 62234-
TITLE	D <input type="checkbox"/> DELETE
NAME	HUELSBECK, HARRY
STREET ADDRESS	4150 WEST BLOUNT ST.
CITY-ST-ZIP	PEN FL 32505
TITLE	PD <input type="checkbox"/> DELETE
NAME	RTCHIE, RON
STREET ADDRESS	3601 WASHINGTON BLVD
CITY-ST-ZIP	BALTIMORE MD
TITLE	VD <input type="checkbox"/> DELETE
NAME	DOWNEY, ROBERT S
STREET ADDRESS	4954 SPACE CENTER DR
CITY-ST-ZIP	SAN ANTONIO TX
TITLE	CD <input type="checkbox"/> DELETE
NAME	JARED, JERRY
STREET ADDRESS	3587 ARGONNE AVE
CITY-ST-ZIP	NORFOLK VA 23509

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kositzke, Dan
1.3 STREET ADDRESS	11095 Viking Drive
1.4 CITY-ST-ZIP	Eden Prairie, MN 55344
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Duffield, Jim
2.3 STREET ADDRESS	1936 Burching Ct.
2.4 CITY-ST-ZIP	Edmond, OK 73034
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Huelsbeck, Harry
3.3 STREET ADDRESS	4150 West Blount St.
3.4 CITY-ST-ZIP	Pensacola, FL 32505
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Butler, Bill
4.3 STREET ADDRESS	9345 Santa Anita Avenue
4.4 CITY-ST-ZIP	Rancho Cucamonga, CA 91730
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Downey, Robert
5.3 STREET ADDRESS	4954 Space Center Drive
5.4 CITY-ST-ZIP	San Antonio, TX
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/20/97 612-996-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)