

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

00132990

DOCUMENT # N36223 (8)

1. Corporation Name

COALITION OF MILITARY DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

C/O JAMES NJULIANA ASSOC.
 1899 L STREET
 WASHINGTON DC 20036
 US

C/O JAMES NJULIANA ASSOC.
 1899 L STREET
 WASHINGTON DC 20036
 US

2. Principal Place of Business

2a. Mailing Address

21 | Suite, Apt. #, etc

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 |

29 | 30 |

9. Name and Address of Current Registered Agent

HUELSBECK, HARRY
4150 WEST BLOUNT STREET
PENSACOLA FL 32505

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 (not file, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SB	<input checked="" type="checkbox"/> DELETE
NAME	KOSITZKE, DAN	
STREET ADDRESS	11095 VIKING DRIVE	
CITY-STATE-ZIP	EDEN PRAIRIE, MN	
TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	DUFFIELD, JIM	
STREET ADDRESS	1936 BUNTING CT.	
CITY-STATE-ZIP	EDMOND OK	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUELSBECK, HARRY	
STREET ADDRESS	4150 WEST BLOUNT ST.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, BILL	
STREET ADDRESS	9345 SANTA ANITA AVE.	
CITY-STATE-ZIP	RANCHO CUCAMANGO GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, ROBERT	
STREET ADDRESS	4957 SPACE CENTER DRIVE	
CITY-STATE-ZIP	SAN ANTONIO TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JARED, JERRY	
STREET ADDRESS	3587 ARGONNE AVE	
CITY-STATE-ZIP	NORFOLK VA 23509	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MALONE, RONETTE	
1.3 STREET ADDRESS	P.O. BOX 821	NA
1.4 CITY-STATE-ZIP	BRATTLEBORO, VT	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WEBER, NICHOLAS	
2.3 STREET ADDRESS	13530 ROSECRANS AVE.	
2.4 CITY-STATE-ZIP	SANTA FE SPRINGS, CA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOWNEY, ROBERT	
5.3 STREET ADDRESS	4957 SPACE CENTER DRIVE	
5.4 CITY-STATE-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-STATE-ZIP		

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 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: *Nicholas M Weber*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/98

Date

(562) 802-8802

Daytime Phone #

CR2E037 (5/98)