

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36360** (6)
1. Corporation Name
KUNDE ENTERPRISES, INC.

Principal Place of Business Mailing Address
P.O. BOX 639 KENWOOD CA 95452 **P.O. BOX 639 KENWOOD CA 95452**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/13/1991** 3a. Date of Last Report **02/16/1994**
4. FEI Number **65-0190748** 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 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
**LAPHAM, KEN
2418 MARATHON LANE
FT. LAUDERDALE FL 33312**

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PETER S.	1.2 NAME	
STREET ADDRESS	623 SCOTLAND DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA ROSA CA	1.4 CITY, ST, ZIP	
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, WILLIAM S.	2.2 NAME	
STREET ADDRESS	10155 SONOMA HWY	2.3 STREET ADDRESS	
CITY, ST, ZIP	KENWOOD CA	2.4 CITY, ST, ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, ARTHUR W.	3.2 NAME	
STREET ADDRESS	10745 SONOMA HIGHWAY	3.3 STREET ADDRESS	
CITY, ST, ZIP	KENWOOD CA	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, KEITH L.	4.2 NAME	
STREET ADDRESS	10155 SONOMA HWY	4.3 STREET ADDRESS	
CITY, ST, ZIP	KENWOOD CA	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, FREDERICK KURT	5.2 NAME	
STREET ADDRESS	10990 NORTHSKY SQUARE	5.3 STREET ADDRESS	
CITY, ST, ZIP	CUPERTINO CA	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, JEFFREY	6.2 NAME	
STREET ADDRESS	10745 SONOMA HWY	6.3 STREET ADDRESS	
CITY, ST, ZIP	KENWOOD CA	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the manager 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 of this report, or on an attachment with an address.

SIGNATURE: *Peter Schneider* **Peter Schneider 1/25/95 (707) 833-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR