

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36360** (6)

1. Corporation Name
KUNDE ENTERPRISES, INC.



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

3. Date Incorporated or Qualified: **11/13/1991**
3a. Date of Last Report: **03/03/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0190748	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	30. Country		

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Peter Schneider 2/22/96 707 833-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)