


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 95452-0639
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 03/05/1996
4. FEI Number 65-0190748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
 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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, PETER S.	
STREET ADDRESS	623 SCOTLAND DR.	
CITY-ST-ZIP	SANTA ROSA CA	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	KUNDE, WILLIAM S.	
STREET ADDRESS	10155 SONOMA HWY	
CITY-ST-ZIP	KENWOOD CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KUNDE, ARTHUR W.	
STREET ADDRESS	10745 SONOMA HIGHWAY	
CITY-ST-ZIP	KENWOOD CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNDE, KEITH L.	
STREET ADDRESS	10155 SONOMA HWY	
CITY-ST-ZIP	KENWOOD CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNDE, FREDERICK KURT	
STREET ADDRESS	10990 NORTHSKY SQUARE	
CITY-ST-ZIP	CUPERTINO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNDE, JEFFREY	
STREET ADDRESS	10745 SONOMA HWY	
CITY-ST-ZIP	KENWOOD CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, PRES 707 833-5501

CR2E034 (9/96)