

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10155 Sonoma Highway		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/13/1991	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 68-96-0190748	
23 City & State Kenwood, CA		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 95452		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAPHAM, KEN 2418 MARATHON LANE FT. LAUDERDALE FL 33312				10. Name and Address of New Registered Agent	
← ok - no changes				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 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: *Pete Schneider* **PETE SCHNEIDER** 3/9/98 (767) 833-5501

CR2E034 (10/97)