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03-01-1999 90105 047 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36360

1. Corporation Name
KUNDE ENTERPRISES, INC.



Principal Place of Business
 10155 SONOMA HWY
 KENWOOD CA 95452
 US

Mailing Address
 P.O. BOX 639
 KENWOOD CA 95452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1991	
21		26		4. FEI Number 68-0190748	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAPHAM, KEN 2418 MARATHON LANE FT. LAUDERDALE FL 33312				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, FREDERICK KURT	5.2 NAME	
STREET ADDRESS	10990 NORTHSKY SQUARE	5.3 STREET ADDRESS	310 CYPRESS AVE
CITY-ST-ZIP	CUPERTINO CA	5.4 CITY-ST-ZIP	KENWOOD, CA 95452
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, with all other like empowered.

SIGNATURE: PETE SCHNEIDER **NOTARIAL SEAL REQUIRED** 02-01-99 707-833-5501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 PETE SCHNEIDER, PRESIDENT, KUNDE ESTATE WINERY

CR2E034 (1/98)