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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 461547 (2)
1. Corporation Name
RALLYE MOTORS, INC.

Principal Place of Business Mailing Address
1749 SW COLLEGE ROAD 1749 SW COLLEGE ROAD
OCALA FL 34474 US Ocala FL 34474 US

DO NOT WRITE IN THIS SPACE.

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 Zip Country 29 Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report
09/23/1974 02/25/1994
4. FEI Number Applied For
59-1553732 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

9. Name and Address of Current Registered Agent
ALEXANDER, ROY
1749 SW COLLEGE ROAD
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name John D. Sullivan
82 Street Address (P.O. Box Number is Not Acceptable) 1749 SW College Rd.
83
84 City Ocala FL 85 Zip Code 34474

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: *John D. Sullivan* John D. Sullivan, VP 3/2/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ARTHUR	1.2 NAME	
STREET ADDRESS	6700 SE S MARINA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MELISSA H	2.2 NAME	
STREET ADDRESS	6700 SE S MARINA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, WANDA	3.2 NAME	
STREET ADDRESS	2571 SE 27 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROY	4.2 NAME	John D. Sullivan
STREET ADDRESS	1749 SW COLLEGE RD	4.3 STREET ADDRESS	1749 SW College Rd.
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Chris Smith
STREET ADDRESS		5.3 STREET ADDRESS	1749 SW College Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ocala, FL-34474
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), Florida Statutes. I further certify that the information included in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *John D. Sullivan* 3/2/95 904-732-6035
John D. Sullivan, VP