

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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: **1749 SW COLLEGE ROAD, Ocala FL 34474, US**
Mailing Address: **1749 SW COLLEGE ROAD, Ocala FL 34474, US**

3. Date Incorporated or Qualified: **09/23/1974**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1553732**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN D
1749 SW COLLEGE ROAD
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name: **Kevin Eller**
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

Kevin Eller
Signature of registered agent and, if applicable, of the corporation.

Kevin Eller

(NOTE: Registered Agent signature required when reinstating)

3/12/96
DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ARTHUR	
STREET ADDRESS	6700 SE S MARINA WAY	
CITY- ST- ZIP	STUART FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MELISSA H	
STREET ADDRESS	6700 SE S MARINA WAY	
CITY- ST- ZIP	STUART FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BOSTIC, WANDA	
STREET ADDRESS	2571 SE 27 ST	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN D	
STREET ADDRESS	1749 SW COLLEGE ROAD	
CITY- ST- ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, CHRIS	
STREET ADDRESS	1749 SW COLLEGE ROAD	
CITY- ST- ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Charles Smith		
6.3 STREET ADDRESS	16740 NE 148th Terrace Rd.		
6.4 CITY- ST- ZIP	Ft. McCoy, FL 32134		

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: *Charles Smith* **Charles Smith** **3/12/96** **352-732-6035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)