

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

AMENDED

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 461547
1. Corporation Name

RALLYE MOTORS, INC.

Principal Place of Business: **1749 SW College Rd. Ocala, FL 34474 US**
Mailing Address: **1749 SW College Rd. 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 Rd.
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* **Kevin Eller** DATE: **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Sullivan, Arthur	
STREET ADDRESS	6700 SE South Marina Way	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Sullivan, Melissa H.	
STREET ADDRESS	6700 SE South Marina Way	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	Bostic, Wanda	
STREET ADDRESS	2571 SE 27th St.	
CITY-ST-ZIP	Gainesville, FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Sullivan, John D.	
STREET ADDRESS	1749 SW College Rd.	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Smith Chris	
STREET ADDRESS	1749 SW College Rd.	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Sullivan	
1.3 STREET ADDRESS	220 Osceola Way	
1.4 CITY-ST-ZIP	Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sean Sullivan	
2.3 STREET ADDRESS	2350 Broadway #1038	
2.4 CITY-ST-ZIP	New York, NY 10024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wanda Bostic	
4.3 STREET ADDRESS	1749 SW College Rd.	
4.4 CITY-ST-ZIP	Ocala, FL 34474	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles Smith	
5.3 STREET ADDRESS	16740 NE 148th Terrace Rd.	
5.4 CITY-ST-ZIP	Ft McCoy, FL 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 in an attachment with an address.

SIGNATURE: *Charles Smith* **Charles Smith** DATE: **4/15/96** **352-732-6035**

CR2E034 (12/95)

PH 4-26-96