

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

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>1749 SW COLLEGE ROAD OCALA FL 34474 US</b>	Mailing Address <b>1749 SW COLLEGE ROAD OCALA FL 34474-3023 US</b>
--	---

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3</b> Date Incorporated or Qualified <b>09/23/1974</b>	<b>3a</b> Date of Last Report <b>03/15/1996</b>
<b>4</b> FEI Number <b>59-1553732</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ELLER, KEVIN**  
**1749 SW COLLEGE RD.**  
**OCALA FL 34474**

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, ARTHUR</b>
STREET ADDRESS	<b>6700 SE S MARINA WAY</b>
CITY - ST - ZIP	<b>STUART FL 34998</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, MELISSA H</b>
STREET ADDRESS	<b>6700 SE S MARINA WAY</b>
CITY - ST - ZIP	<b>STUART FL 34998</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>BOSTIC, WANDA</b>
STREET ADDRESS	<b>2571 SE 27 ST</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 34474</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, CHARLES</b>
STREET ADDRESS	<b>16740 NE 148TH TERRACE RD.</b>
CITY - ST - ZIP	<b>FT. MCCOY FL 32134</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, CHRIS</b>
STREET ADDRESS	<b>1749 SW COLLEGE ROAD</b>
CITY - ST - ZIP	<b>OCALA FL 34474</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, BARBARA</b>
STREET ADDRESS	<b>220 BROADWAY #1038</b>
CITY - ST - ZIP	<b>NEW YORK NY 10024</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Sean Sullivan</b>
<b>1.3</b> STREET ADDRESS	<b>2350 Broadway, #1038</b>
<b>1.4</b> CITY - ST - ZIP	<b>New York, NY 10024</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY - ST - ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY - ST - ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY - ST - ZIP	

**14.** I do 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: *Wanda Bostic* **2/27/97** **352-732-6035**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)