


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

FILED

**Mar 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/23/1974	
4. FEI Number 59-1553732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ARTHUR	1.2 NAME	
STREET ADDRESS	6700 SE S MARINA WAY	1.3 STREET ADDRESS	246 Monterey Road
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	Palm Beach, FL 34480
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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	246 Monterey Road
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	Palm Beach, FL 34480
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, WANDA	3.2 NAME	
STREET ADDRESS	2571 SE 27 ST	3.3 STREET ADDRESS	Pt. White, FL 32038
CITY-ST-ZIP	GAINESVILLE FL 34474	3.4 CITY-ST-ZIP	N/A
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES	4.2 NAME	
STREET ADDRESS	16740 NE 148TH TERRACE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL 32134	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHRIS	5.2 NAME	
STREET ADDRESS	1749 SW COLLEGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BARBARA	6.2 NAME	
STREET ADDRESS	220 BROADWAY #1038	6.3 STREET ADDRESS	481 Main St.
CITY-ST-ZIP	NEW YORK NY 10024	6.4 CITY-ST-ZIP	Wilbraham, MA 01095

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.

SIGNATURE: *Wanda Bostic* _____ DATE: **3-14-97**

CR2E034 (10/97)