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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000692 (0)**

1. Corporation Name

FLORIDA STATE RALLY, INC.



Principal Place of Business 1855 BOY SCOUT DRIVE FORT MYERS FL 33907	Mailing Address 1855 BOY SCOUT DRIVE FORT MYERS FL 33907
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3. Date Incorporated or Qualified 02/06/1997
4. FEI Number 65-0727400
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5989 HAINES ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 60157 Suite, Apt. #, etc.
22 City & State 23 ST. PETERSBURG, FL	27 City & State 28 ST. PETERSBURG, FL
24 Zip 33714	25 Country USA
29 Zip 33784	30 Country USA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUGHES, A. JOHN JR, ESQ 2121 MCGREGOR BLVD FORT MYERS FL 33901	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE 0 DIRECTOR	<input type="checkbox"/> DELETE
NAME VALERIE LEOTERMAN	
STREET ADDRESS HARLEY OWNERS GROUP	
CITY-ST-ZIP 3700 W. JUNEAU AVENUE MILWAUKEE, WI 53201	
TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME TOM ROUNTREE	
STREET ADDRESS 5989 HAINES ROAD	
CITY-ST-ZIP ST. PETERSBURG, FL 33714	
TITLE VP	<input type="checkbox"/> DELETE
NAME SCOTT CHARLTON	
STREET ADDRESS 5989 HAINES ROAD	
CITY-ST-ZIP ST. PETERSBURG, FL 33714	
TITLE SECRETARY	<input type="checkbox"/> DELETE
NAME ELAYNE TURNER	
STREET ADDRESS 5989 HAINES ROAD	
CITY-ST-ZIP ST. PETERSBURG, FL 33714	
TITLE TREASURER	<input type="checkbox"/> DELETE
NAME SCOTT LUCKHAM	
STREET ADDRESS 5989 HAINES ROAD	
CITY-ST-ZIP ST. PETERSBURG, FL 33714	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME VALERIE LEOTERMAN	
1.3 STREET ADDRESS HARLEY OWNERS GROUP	
1.4 CITY-ST-ZIP 3700 W. JUNEAU AVENUE MILWAUKEE, WI 53201	0
2.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME TOM ROUNTREE	
2.3 STREET ADDRESS 5989 HAINES ROAD	T
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714	
3.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME SCOTT CHARLTON	
3.3 STREET ADDRESS 5989 HAINES ROAD	T
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714	
4.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME ELAYNE TURNER	
4.3 STREET ADDRESS 5989 HAINES ROAD	T
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714	
5.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SCOTT LUCKHAM	
5.3 STREET ADDRESS 5989 HAINES ROAD	T
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Valerie Leoterman* 4/27/98 (813) 745-9559

CR2E037 (10/97)