FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M89117** **(9)**

1. Corporation Name

SY'S SUPPLIES SOUTH, INC.

Principal Place of Business	Mailing Address
% SUSAN APPLEBAUM 5280 10TH AVENUE NORTH LAKE WORTH FL 33463	% SUSAN APPLEBAUM 5280 10TH AVENUE NORTH LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1988
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 235 N. Jog Rd	26 235 N. Jog Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Palm Beach	28 City & State: W. Palm Beach
24 Zip: 33413 25 Country: Palm Beach	29 Zip: 33413 30 Country: Palm Beach

4. FEI Number: 65-0067452 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
APPLEBAUM, SUSAN 5280 10TH AVENUE NORTH LAKE WORTH FL 33463	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 235 N. Jog Road 83 84 West Palm Beach FL 85 Zip Code: 33413

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	APPLEBAUM, SUSAN	12 NAME		
STREET ADDRESS	1491 GOODWOOD TERR.	13 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	APPLEBAUM, SEYMOUR	22 NAME		
STREET ADDRESS	1491 GOODWOOD TERR.	23 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	APPLEBAUM, DANIEL	32 NAME		
STREET ADDRESS	11330 WILES RD.	33 STREET ADDRESS	11230 Wiles Rd.	
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	Coral Springs 33076	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Susan Applebaum 2/17/95 401-964-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan Applebaum

087078 CP