

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M89117**

**1. Entity Name  
SY'S SUPPLIES SOUTH, INC.**



**Principal Place of Business  
235 N. JOG ROAD  
WEST PALM BEACH, FL 33413 US**

**Mailing Address  
1489 N MILITARY TRAIL  
STE 114  
WEST PALM BEACH, FL 33409 US**



**04172006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0067452**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

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

**MARELL, WILLIAM J  
1601 FORUM PLACE  
STE 1101  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**

**000000532142**

**05/06/06-80072-024 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE V  
NAME APPLEBAUM, SUSAN  
STREET ADDRESS 235 N JOG RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33413**

**TITLE PSTD  
NAME APPLEBAUM, SEYMOUR  
STREET ADDRESS 235 N JOG RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33413**

**TITLE VD  
NAME APPLEBAUM, DANIEL  
STREET ADDRESS 235 N JOG RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33413**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**S. APPLEBAUM**

**Date**

**Daytime Phone #**