

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 12:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G99624 (0)

1. Corporation Name

PYGMY COMPUTER SYSTEMS, INC

Principal Place of Business

**13501 S.W. 128TH STREET, SUITE #204
MIAMI FL 33186**

Mailing Address

**13501 S.W. 128TH STREET, SUITE #204
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1984

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2392639

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**SPITZER, MORRY W.
11420 SOUTHWEST 102 COURT
MIAMI FL 33176**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **GEIGEL, MARK T.**
STREET ADDRESS **7380 SW 167 ST**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

33157

TITLE **TVD**
NAME **SPITZER, MORRY W.**
STREET ADDRESS **11420 SW 102 COURT**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

33176

TITLE **D**
NAME **BENNETT, ANDREW L. JR.**
STREET ADDRESS **10648 S.W. 123 PL**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

33186

TITLE **SD**
NAME **CVENGROS, J. MICHAEL**
STREET ADDRESS **11420 SW 23RD PLACE**
CITY-ST-ZIP **DAVIE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

**SD
Ochoa, Elizabeth M.
6346 SW 136 CT. #H202
MIAMI, FL 33183**

TITLE **D**
NAME **DIECKMANN, WILLIAM**
STREET ADDRESS **650 WREN AVENUE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: Morry Spitzer, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95
Date

305-263-1212
Telephone Number