

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G99624** (0)  
1. Corporation Name  
**PYGMY COMPUTER SYSTEMS, INC**



Principal Place of Business Mailing Address  
**13501 S.W. 128TH STREET, SUITE #204**  
**MIAMI FL 33186** **13501 S.W. 128TH STREET, SUITE #204**  
**MIAMI FL 33186-5863**

2. Principal Place of Business 2a. Mailing Address  
21 **12415 SW 136 Avenue** 26 **12415 SW 136 Avenue**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 3** 27 **Suite 3**  
City & State City & State  
23 **Miami, FL** 28 **Miami, FL**  
Zip Country Zip Country  
24 **33186** 25 **USA** 29 **33186** 30 **USA**

3. Date Incorporated or Qualified **03/13/1984** 3a. Date of Last Report **02/23/1996**  
4. FEI Number **59-2382639** 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  
**SPITZER, MORRY W.**  
**11420 SOUTHWEST 102 COURT**  
**MIAMI FL 33176**  
10. Name and Address of New Registered Agent  
81 Name **Morry Spitzer**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12415 SW 136 Avenue**  
83 **Suite 3**  
84 City **Miami** **FL** 85 Zip Code **33186**  
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 **Morry Spitzer, Treasurer** **2/14/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGEL, MARK T.</b>	1.2 NAME	
STREET ADDRESS	<b>7380 SW 187 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TVD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZER, MORRY W.</b>	2.2 NAME	
STREET ADDRESS	<b>11420 SW 102 COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, ANDREW L. JR.,</b>	3.2 NAME	
STREET ADDRESS	<b>10846 S.W. 123 PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OCHOA, ELIZABETH M.</b>	4.2 NAME	
STREET ADDRESS	<b>6346 SW 136TH CT. #H202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIECKMANN, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>650 WREN AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Morry Spitzer, Treasurer** **2/14/97** **305-253-1212 x 341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)