

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V21155** (9)

1. Corporation Name

PORTFOLIO REVIEW SERVICES, INC.



Principal Place of Business

Mailing Address

1030 N. ORANGE AVE
SUITE 200
ORLANDO FL 32801
US

1030 N. ORANGE AVE
SUITE 200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **1031 W. MORSE BLVD**
Suite, Apt. #, etc.

26 **1031 W. MORSE BLVD**
Suite, Apt. #, etc.

4. FEI Number
59-3117018

Applied For
Not Applicable

22 **333**
City & State

27 **333**
City & State

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

23 **WINTER PARK FL.**
Zip Country

28 **WINTER PARK FL**
Zip Country

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

24 **32789** 25 **US**

29 **32789** 30 **US**

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

TENNYSON, RYAN D
1030 N. ORANGE AVENUE
SUITE 200
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1031 W. MORSE BLVD

83

SUITE 333

84 City

WINTER PARK FL

85 Zip Code

32789

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, 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 of registered agent or person named as registered agent and then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TENNYSON, RYAN D**
STREET ADDRESS **1030 N. ORANGE AVE, SUITE 200**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **TENNYSON, LANA**
STREET ADDRESS **1030 N. ORANGE, SUITE 200**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **TENNYSON, RYAN D.**
STREET ADDRESS **1031 W. MORSE BLVD, SUITE 333**
CITY-ST-ZIP **WINTER PARK, FL, 32789**

2.1 TITLE ☒ Change ☐ Addition

NAME **TENNYSON, LANA**
STREET ADDRESS **1031 W. MORSE BLVD, SUITE 333**
CITY-ST-ZIP **WINTER PARK, FL, 32789**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

(407) 629-8600

CR2E034 (12/95)