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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V19629 (7)

1. Corporation Name

ATLANTIC INSTITUTE REVIEW BOARD, INC.

Principal Place of Business

350 N CLYDE MORRIS BLVD  
DAYTONA BEACH FL 32114

Mailing Address

350 N CLYDE MORRIS BLVD  
DAYTONA BEACH FL 32114



3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIMPSON, EDWARD F., JR.  
350 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☒ DELETE

NAME MOORE, WILLIAM T. 111  
STREET ADDRESS 1340 RIDGEWOOD AVE  
CITY-ST-ZIP HOLLY HILL FL

TITLE V ☐ DELETE

NAME SCHANDEL, DAVID C  
STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE P ☐ DELETE

NAME SIMPSON, EDWARD F. JR.  
STREET ADDRESS 350 N. CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE T ☒ DELETE

NAME CUNNINGHAM, CARLETON B.  
STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BCH FL

TITLE V ☐ DELETE

NAME WILLIAMS, M. D. DAVID L.  
STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VS

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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

4/26/96

Date

Daytime Phone #

CR2E034 (12/95)