SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P36106

(3)

LONGVIEW INSPECTION - ADVANCED TECHNOLOGY GROUP, INC.

Principal Place of Business

P.O. BOX 8204 LONGVIEW TX 75607 Mailing Address

P.O. BOX 8204 **LONGVIEW TX 75607**

FILED Jul 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

	3. Date Incorporated or Qualified
	10/30/1991
2. Principal Place of Business 2a. Mailing Address	-4. FEI Number Applied For
21 140 E. Tylen Street 26 140 E. Tylen St.	75-2332601 Not Applicable
21 140 E. Tylen Struct 26 140 E. Tylen Struct Suite Apt. #, etc. Suite Apt. #, etc. 27 Swife 550	✓5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State City & State ZB LONGVIEW TX	 ✓6. Election Campaign Financing Trust Fund Contribution ✓5.00 May Be Added to Fees
Zip Country Zip Country 24 7560/ 30 U94	/8. This corporation owes or has paid the current year intaggible Personal Property Tax due June 30. Yes No
✓9. Name and Address of Current Registered Agent ✓10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 N	ame
1201 HAYES STREET 82 S	reet Address (P.O. Box Number is Not Acceptable)
TALLAHA\$SEE FL 32301	inot radios (i.o. sox rambal is not recopiately
83	
84 C	ity 85 Zip Code
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, typod 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 PD DELETE 1.1 TITLE	Change Addition
NAME TREAT, JAMES 1,2 NAME	
STREET ADDRESS 405 N EASTMAN ROAD 1,3 STREET ADD	RESS
CITYST-ZIP LONGVIEW TX 1.4 CITYST-ZIP	
TITLE VSTD DELETE 2.1 TITLE	Change Addition
NAME SCANNELL, PETER 2.2 NAME	Unlarige Lin Addition
STREET ADDRESS 43 ARCH STREET 2.3 STREET ADDR	RESS
CITYST-ZIP GREENWICH CT 24 CITY-ST-ZIP	
TITLE ASA) DELETE 3.1 TITLE	Change Addition
NAME SMITH, RAY 3.2 NAME	Change Addition
STREET ADDRESS 1317 LAWNDALE 3.3 STREET ADDR	RESS
CITY-ST-ZIP LONGVIEW TX 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 42 NAME	Cutality City and Cit
STREET ADDRESS 4.3 STREET ADDR	RESS
CITYST-ZIP 4.4 CITYST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	Change C Addition
STREET ADDRESS 5.3 STREET ADDR	RESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	Orlange L. Axxillon
STREET ADDRESS 63 STREET ADDR	RESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption sta	ted 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 trastice 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 or an attachment with an address.

ans /2216-22/6/6