

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

APPROVED
AND
FILED

97 JUL 25 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002519 (4)

1. Corporation Name
L-7 DESIGNS, INC.



Principal Place of Business
8918 GOVERNOR'S ROW
DALLAS TX 75247

Mailing Address
8918 GOVERNOR'S ROW
DALLAS TX 75247

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/20/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		75-2300286		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28				5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 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	PSDC	1.1 TITLE	
NAME	OLDHAM, LINDA	1.2 NAME	
STREET ADDRESS	8918 GOVERNOR'S ROW	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75247	1.4 CITY-ST-ZIP	
TITLE	VTDC	2.1 TITLE	
NAME	OLDHAM, LINDA	2.2 NAME	
STREET ADDRESS	8918 GOVERNOR'S ROW	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75247	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____ SIGNATURE REQUIRED DO NOT SIGN 7/25/97 241 138 3889

CR2E034 (4/97)