


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 STATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000006134 (9)</b> 1. Corporation Name <b>SITCO INCORPORATED</b>					
Principal Place of Business <b>25663 HILLVIEW COURT MUNDELEIN IL 60060</b>			Mailing Address <b>25663 HILLVIEW COURT MUNDELEIN IL 60060</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified <b>12/15/1995</b> 3a. Date of Last Report <b>06/19/1996</b> 4. FEI Number <b>94-3136507</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	<b>HOVSEPIAN, MICHAEL S JR</b>				
STREET ADDRESS	<b>25663 HILLVIEW COURT</b>				
CITY-ST-ZIP	<b>MUNDELEIN IL 60060</b>				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	<b>MYHRE, PETER S</b>				
STREET ADDRESS	<b>25663 HILLVIEW COURT</b>				
CITY-ST-ZIP	<b>MUNDELEIN IL 60060</b>				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	<b>REDMOND, DONALD M</b>				
STREET ADDRESS	<b>25663 HILLVIEW COURT</b>				
CITY-ST-ZIP	<b>MUNDELEIN IL 60060</b>				
TITLE	V <input type="checkbox"/> DELETE				
NAME	<b>MCCARTHY, ROBERT</b>				
STREET ADDRESS	<b>25663 HILLVIEW COURT</b>				
CITY-ST-ZIP	<b>MUNDELEIN IL 60060</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME	<b>CFOT</b>				
STREET ADDRESS	<b>BROOMFIELD, DONALD G</b>				
CITY-ST-ZIP	<b>75 MILFORD RD. HUDSON OH 44236</b>				
TITLE	V <input type="checkbox"/> DELETE				
NAME	<b>MILLER, MICHAEL A</b>				
STREET ADDRESS	<b>75 MILFORD RD.</b>				
CITY-ST-ZIP	<b>HUDSON OH 44236</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Michael Miller* Michael Miller

8/13/97

216-655-9407

CR2E034 (4/97)