

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 18 AM 10:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # F93000002242 (6)

1. Corporation Name
HCC REAL ESTATE XXVII INC.

Principal Place of Business HYPERRON CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033	Mailing Address HYPERRON CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/13/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 13-3692612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	NAME RANIERI, LEWIS S	STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500	CITY - ST - ZIP UNIONDALE NY
TITLE VSD	NAME RANIERI, SALVATORE A	STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500	CITY - ST - ZIP UNIONDALE NY
TITLE VD	NAME SHAY, SCOTT A	STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500	CITY - ST - ZIP UNIONDALE NY
TITLE VAS	NAME GOLUSH, DAVID M	STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500	CITY - ST - ZIP UNIONDALE NY
TITLE VAS	NAME MARCUS, DAVID W	STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500	CITY - ST - ZIP UNIONDALE NY

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 checked="" type="checkbox"/> Addition
6.2 NAME	Assistant Secretary
6.3 STREET ADDRESS	Jenkins, Sondra R.
6.4 CITY - ST - ZIP	c/o HCSC, 655 Winding Brook Drive Glastonbury, Connecticut 06033

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 110.07(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: David W. Marcus **DAVID W. MARCUS**
VICE PRESIDENT AND ASSISTANT SECRETARY 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CFR2E004 (3/95)