

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000002242 (6)**

1. Corporation Name  
**HCC REAL ESTATE XXXVII INC.**



Principal Place of Business      Mailing Address  
**HYPERION CREDIT SERVICES CORPORATION  
655 WINDING BROOK DRIVE  
GLASTONBURY CT 06033**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/13/1993**      **07/19/1995**

4. FEI Number      Applied For  
**13-3692612**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>RANIERI, LEWIS S</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY- ST- ZIP	<b>UNIONDALE NY</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>RANIERI, SALVATORE A</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY- ST- ZIP	<b>UNIONDALE NY</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SHAY, SCOTT A</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY- ST- ZIP	<b>UNIONDALE NY</b>	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	<b>GOLUSH, DAVID M</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY- ST- ZIP	<b>UNIONDALE NY</b>	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, DAVID W</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY- ST- ZIP	<b>UNIONDALE NY</b>	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	<b>JENKINS, SONDR R.</b>	
STREET ADDRESS	<b>C/O HCSC, 655 WINDING BROOK DRIVE</b>	
CITY- ST- ZIP	<b>GLASTONBURY CO</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	<b>DVAS</b>
4.3 STREET ADDRESS	<b>200001817800</b>
4.4 CITY- ST- ZIP	<b>-05/13/96--01018--010</b>
	<b>***200.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DVAS</b>
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 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

VICE PRESIDENT AND ASSISTANT SECRETARY      4/26/96  
Date      Day, Year, Month #

CR2E034 (12/95)