

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAR -4 AM 9:46



1. Name of Limited Partnership	1a. DOCUMENT # A18561
SURWAY ASSOCIATES LIMITED PARTNERSHIP	

Mailing Address 1850 N. CENTRAL AVE. MS 1129 PHOENIX AZ 85004-4527		Principal Office Address 1850 N. CENTRAL AVE. MS 1129 PHOENIX AZ 85004-4527		3. Date Formed or Registered 12/18/1984	5a. Capital Contributions as Shown on record. \$254,569.80
				3a. Date of Last Report 12/27/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation CT	5b. Amount of Capital Contributions in FLORIDA to date: \$46,118.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 13-3267920	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable) 200002105552--8	
		Suite, Apt. #, etc. 03/05/97-01004-003 ****461.58 ****461.58	
		City FL	Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GREYHOUND LEASING & FIN. <i>name changed to Finova Capital Corporation</i>	GREYHOUND TOWER <i>1850 N. Central Ave., ms 1129</i>	HARTFORD CT. <i>Phoenix, AZ 85002-2209</i>	827075
	<i>dec</i>	<i>461.58</i>	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

V. D. Ciancola

**V. D. CIANCOLA
ASST. SECRETARY**

DATE

7/5/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(602) 207-4024

CR2E003 (11/96)