FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # **B9500000166**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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FINVEST LIMITED OF DELAWA	7.T.L.		1	
Mailing Address 99 DETERING, SUITE 200 HOUSTON TX 77007	Principal Office Address C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE		3. Date Formed or Registered 05/10/1995 3a. Date of Last Report 01/03/1997	58. Capital Contributions as Shown on record. \$8,092,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address		4. State or Country of Formation DE	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 76-0423444	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable
Zip Country	Zip (Country		\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current	D-late-d-f		10. If changed, new Registered	
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	registered agent, or both, in the State of Florids of section 620.192, Florida Statutes	Suite, Apt #, etc City I limited partnership da. Such change w	p organized or registered under the laws of the vas authorized by its general partner(s). I here DATE	/9801006013 41.25 ****541.25 FL Zip Code e State of Florida, submits this statement by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		b. City, State & Zip Code	11c. Registration/ Document Number
FINCO INVESTMENTS, LTD.	99 DETERING, SUITE 20		HOUSTON TX 77007	B95000000165
Note: General partners MAY NOT	be changed on this form	: an amend	lment must be filed to cha	nge a general partner.

∠ .	Too heleby certify that the information supplied with this filling	is volontarily turnistied and does not quality for the exemption stated in Section 119 07(3)(x), Florida Statutes 1 release the Division of
	Corporations from any hability 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 signatured	shall have the sands legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee. Florida Status s
	empowered to execute this report as required by chapter 67	Florida Statut-s
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Typed or Printed Name of General Partner Signing Form

__ DATE __DECEMBER _30 , _1997 ___

FINGER, PRESIDENT OF FINCO

NT, INC., GENERAL PARTNER Daytime Telephone Number