

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO 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

96 NOV 15 AM 10:34

1. Name of Limited Partnership

1a. DOCUMENT #  
**A33500**

**NONSTOP CITY, LTD.**



Mailing Address

C/O 1290 WESTON ROAD, SUITE 214  
FT. LAUDERDALE FL 33326

Principal Office Address

C/O 1290 WESTON ROAD, SUITE 214  
FT. LAUDERDALE FL 33326

3. Date Formed or Registered

10/01/1992

5a. Capital Contributions as  
Shown on record.

**\$95,000.00**

3a. Date of Last Report

11/14/1995

5b. Amount of Capital  
Contributions in FL OR (DA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0364810

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.**  
1290 WESTON ROAD, SUITE 214  
FT. LAUDERDALE FL 33326

10. If changed, new Registered Agent/Off-ice

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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 10/18/96

**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

GP8, INC.

%1290 WESTON ROAD #21

FT. LAUDERDALE FL 333

V67790

500002014709-7  
-11/26/96-01117-021  
\*\*\*585.00 \*\*\*585.00

**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

DATE 10/18/96

Typed or Printed Name of General Partner Signing Form

ELAZAR JOSEPH GP8 G.P.

Daytime Telephone Number

718 387 3777

CR2E003 (6/96)