FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000061243
4 Compretion Name	

SWEETRIDE, INC.

OHELIII	1100			E EMPERÂN EIN FRINT FORK MORRI ORDIT BAITE AND ANDE	AND COMMON COMES AND THE COMES AND COMES	
Principal Plac	e of Business	Mailing Address		A I DE LIGHT LIGHT LIGHT BRUTA	Antal mana crást propa con radi	
•		5535 100TH AVENUE NORTH				
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782						
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	}	
		1 - 27 - 41		07/10/1998 4. FEI Number	I A - Had Car	
-	lace of Business	2a. Mailing Address	-	59-3533416.	Applied For	
21		<u> </u>	5241	34-3333410	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required	
22 27 27 City & State 27 28 State 27 28 29 20 20 21 21 22 22 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25				\$5,00 May Be		
:=City_&;Stat	W	28 Clearwater	Florida	6: Election Gampaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country		Country	This corporation owes the current year In		
_ `	25	29 33758 30	,	Personal Property Tax.	Yes No	
24	9. Name and Address of Current			10. Name and Address of New Registered		
	5. Italio and Addition		81 Name			
FLO	RIDA INCORPORATORS, INC.					
1221	BRICKELL AVENUE SUITE 900		82 Street	Street Address (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33131		83			
			84 City	FL	85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, th	e above-named	corporation submits this statement for the purpose of	f changing its registered	
office or r	registered agent, or both, in the State o	if Florida. Such change was author	ized by the corp	oration's board of directors. I hereby accept the appo	intment as registered	
	im lamiliar with, and accept the obligati	ons of, Section 607.0305, Florida C	statutes.		· j	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Agent signature	equired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DĒLETE 1	.1 TITLE	officer (D) Novyon, Thanh-houng	☐ Change	
NAME	NGUYEN, SONNY	1	.2 NAME	Navyon, Thanh-hoang		
STREET ADDRESS	5535 100TH AVENUE NORTH	1	.3 STREET ADDRESS	2232 1000 the mount	()	
CITY-ST-ZIP	PINELLAS PARK FL 33782	1	A CITY-ST-ZIP	Anelles Porh, FL. 33702		
TITLE		☐ DELETE :	2.1 TITLE	OFFICER (S)	☐ Change ☐ Addition	
NAME	·	2	.2 NAME	Nayon Thanh-hai		
STREET ADDRESS		2	.3 STREET ADDRESS	5537 1004 Me W.		
CITY-ST-ZIP		· I a	2. 4 CITY-ST-ZIP	Anellos, Perk, FL 33782		
_TITLE		□ DELETE	II TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME		,	
STREET ADDRESS		3	3.3 STREET ADDRESS		İ	
CITY-ST-ZIP	ţ.	3	3.4. CITY-ST-ZIP			
TITLE		. DELETE 4	I.1 TITLE		☐ Change ☐ Addition	
NAME		4	I. 2 NAME	1		
STREET ADDRESS		4	.3 STREET ADDRESS			
CITY-ST-ZIP		4	I.4 CITY-ST-ZIP			
TITLE	100	☐ DELETE 5	5.1 TITLE		☐ Change ☐ Addition	
NAME		:	5.2 NAME	,		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	l		5.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE €	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
l	I .	•			l l	
STREET ADDRESS		ì	3.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: