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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000002144

1. Corporation Name
GREEN RELEAF BIOTECH, INC.



Principal Place of Business: 2100 CORPORATE SQUARE BLVD., STE. 201 JACKSONVILLE FL 32216
 Mailing Address: 2100 CORPORATE SQUARE BLVD., STE. 201 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1993

4. FEI Number: 59-3164950 Applied For: 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 1301 Riverplace Blvd, Suite, Apt. #, etc.: 22 Suite 2340, City & State: 23 Jacksonville, FL, Zip: 24 32207, Country: 25 Duval

2a. Mailing Address: 26 1301 Riverplace Blvd, Suite, Apt. #, etc.: 27 Suite 2340, City & State: 28 Jacksonville, FL, Zip: 29 32207, Country: 30 Duval

9. Name and Address of Current Registered Agent: DORSCH, GARY E, 2100 CORPORATE SQ BLVD, STE 201, JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent: 81 Name: Paul S. Whitman, 82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., 83 Suite 2340, 84 City: Jacksonville, FL, 85 Zip Code: 32207

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: [Signature] DATE: 3/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	MYERS, WILLIAM A 2100 CORPORATE SQ BLVD STE 201 JACKSONVILLE FL 32216	1.1 TITLE: [Change] <input checked="" type="checkbox"/> Addition	D. SHIRCLIFF Robert T. 1301 Riverplace Blvd. Suite 2329 Jacksonville FL 32201
TITLE: V	VAYSHORI, ARIAN A 2100 CORPORATE SQ BLVD STE 201 JACKSONVILLE FL 32216	2.1 TITLE: [Change] <input type="checkbox"/> Addition	
TITLE: DP	DORSCH, GARY E 2100 CORPORATE SQ BLVD STE 201 JACKSONVILLE FL 32216	2.2 NAME: [Change] <input type="checkbox"/> Addition	
TITLE: DC	OTTARSTROER, DOUANE L 1301 RIVERPLACE BLVD., SUITE 2340 JACKSONVILLE FL 32207	2.3 STREET ADDRESS: [Change] <input type="checkbox"/> Addition	
TITLE: D	POWERS, WARREN P 1301 RIVERPLACE BLVD., SUITE 1904 JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP: [Change] <input type="checkbox"/> Addition	
TITLE: VS	WHITMAN, PAUL S 2100 CORPORATE SQUARE BLVD., STE. 201 JACKSONVILLE FL 32216	3.1 TITLE: [Change] <input type="checkbox"/> Addition	
		3.2 NAME: [Change] <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS: [Change] <input type="checkbox"/> Addition	
		3.4 CITY-ST-ZIP: [Change] <input type="checkbox"/> Addition	
		4.1 TITLE: [Change] <input type="checkbox"/> Addition	
		4.2 NAME: [Change] <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS: [Change] <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP: [Change] <input type="checkbox"/> Addition	
		5.1 TITLE: [Change] <input type="checkbox"/> Addition	
		5.2 NAME: [Change] <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS: [Change] <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP: [Change] <input type="checkbox"/> Addition	
		6.1 TITLE: [Change] <input type="checkbox"/> Addition	
		6.2 NAME: [Change] <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS: [Change] <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP: [Change] <input type="checkbox"/> Addition	

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: P. - FINNAN Date: 3/25/99 Daytime Phone #: 901-396-0292

CR2E034 (11/98)