


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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90004 036 \*\*\*150.00

0037993

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1301 Riverplace Blvd	26	1301 Riverplace Blvd	01/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3164950	
City & State		City & State		Applied For	
23		28		Not Applicable	
Jacksonville, FL		Jacksonville, FL		5. Certificate of Status Desired	
Zip		Zip		8.75 Additional Fee Required	
24		29		8. Election Campaign Financing	
32207		32207		Trust Fund Contribution	
Country		Country		5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible	
Duval		Duval		Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DORSCH, GARY E		81 Name			
2100 CORPORATE SQ BLVD		Paul S. Whitman			
STE 201		82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32216		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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Change Addition
NAME	MYERS, WILLIAM A	1.2 NAME	
STREET ADDRESS	2100 CORPORATE SQ BLVD STE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change Addition
NAME	VAYSHORI, ARIAN A	2.2 NAME	
STREET ADDRESS	2100 CORPORATE SQ BLVD STE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	Change Addition
NAME	DORSCH, GARY E	3.2 NAME	
STREET ADDRESS	2100 CORPORATE SQ BLVD STE 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	Change Addition
NAME	OTTARSTROER, DOUANE L	4.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 2340	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	POWERS, WARREN P	5.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1904	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	Change Addition
NAME	WHITMAN, PAUL S	6.2 NAME	
STREET ADDRESS	2100 CORPORATE SQUARE BLVD., STE. 201	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	6.4 CITY-ST-ZIP	

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 REQUIRED: P. - Finance 3/25/99 901-596-0292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)