

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 27**

DOCUMENT # P23177 (9)

1. Corporation Name
AMERICA'S ALL SEASON FUND, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**250 PARK AVENUE SO
STE 200
WINTER PARK FL 32789-5079
US** **250 PARK AVENUE SO
STE 200
WINTER PARK FL 32789-5079
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/28/1989 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
59-2876580 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VEITIA, DIEGO J.
250 PARK AVENUE SO
STE 200
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code **FL**

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 _____ DATE _____
Signature: Sign or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	VEITIA, DIEGO J.
STREET ADDRESS	250 PARK AVENUE SO STE 200
CITY, ST, ZIP	WINTER PARK FL
TITLE	DT
NAME	MICELI, JEROME F.
STREET ADDRESS	250 PARK AVENUE SO STE 200
CITY, ST, ZIP	WINTER PARK FL
TITLE	SD
NAME	SAKER, STEPHEN A.
STREET ADDRESS	250 PARK AVENUE SO STE 200
CITY, ST, ZIP	WINTER PARK FL
TITLE	D
NAME	DAY, ADRIAN
STREET ADDRESS	900 BESTGATE ROAD #405
CITY, ST, ZIP	ANNAPOLIS MD
TITLE	D
NAME	JOHNSON, WILLIAM R.
STREET ADDRESS	607 E. BELLE AVE.
CITY, ST, ZIP	WHITEFIELD BAY WL.
TITLE	D
NAME	MILLER, ROBERT A.
STREET ADDRESS	800 LIVERMORE STREET
CITY, ST, ZIP	YELLOW SPRINGS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	DELETE
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *J. M. Miller* DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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AMERICA'S ALL SEASON FUND, INC.

Additional Names & Addresses of Each Officers

Asst. Secretary	Nancey M. McMurtry 250 Park Avenue South, Ste 200 Winter Park, FL 32789	
Asst. Treasurer	Sheri M. Cuff 250 Park Avenue South, Ste 200 Winter Park, FL 32789	
Asst. Secretary	Laurie K. Moore 250 Park Avenue South, Ste 200 Winter Park, FL 32789	DELETE
Asst. Secretary	Steven Sjuggerud 250 Park Avenue South, Ste 200 Winter Park, FL 32789	ADD