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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P23177 (9)

1. Corporation Name

~~AMERICA'S ALL-SEASON FUND, INC.~~

ALL SEASONS GLOBAL FUND, INC.



Principal Place of Business

250 PARK AVENUE SO  
STE 200  
WINTER PARK FL 32789-5079  
US

Mailing Address

250 PARK AVENUE SO  
STE 200  
WINTER PARK FL 32789-5079  
US

3. Date Incorporated or Qualified  
02/28/1989

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEITIA, DIEGO J.  
250 PARK AVENUE SO  
STE 200  
WINTER PARK FL 32789

81 Name

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

83

84 City

FL 85 Zip Code

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

TITLE CD [ ] DELETE

NAME VEITIA, DIEGO J.  
STREET ADDRESS 250 PARK AVENUE SO STE 200  
CITY-STATE-ZIP WINTER PARK FL

TITLE DT [ ] DELETE

NAME MICELI, JEROME F.  
STREET ADDRESS 250 PARK AVENUE SO STE 200  
CITY-STATE-ZIP WINTER PARK FL

TITLE SD [ ] DELETE

NAME SAKER, STEPHEN A.  
STREET ADDRESS 250 PARK AVENUE SO STE 200  
CITY-STATE-ZIP WINTER PARK FL

TITLE D [ ] DELETE

NAME DAY, ADRIAN  
STREET ADDRESS 900 BESTGATE ROAD #405  
CITY-STATE-ZIP ANNAPOLIS MD

TITLE D [ ] DELETE

NAME MILLER, ROBERT A.  
STREET ADDRESS 800 LIVERMORE STREET  
CITY-STATE-ZIP YELLOW SPRINGS OH

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS [ ] Change [X] Addition

1.2 NAME Nancey M. McMurtry  
1.3 STREET ADDRESS 250 Park Avenue South, Ste 200  
1.4 CITY-STATE-ZIP Winter Park, FL 32789

2.1 TITLE AT [ ] Change [X] Addition

2.2 NAME Sheri Cuff  
2.3 STREET ADDRESS 250 Park Avenue South, Ste 200  
2.4 CITY-STATE-ZIP Winter Park, FL 32789

3.1 TITLE AS [ ] Change [X] Addition

3.2 NAME Steven Sjuggerud  
3.3 STREET ADDRESS 250 Park Avenue South, Ste 200  
3.4 CITY-STATE-ZIP Winter Park, FL 32789

4.1 TITLE D [ ] Change [X] Addition

4.2 NAME Michael Petrino  
4.3 STREET ADDRESS 225 Main Street, Ste 103  
4.4 CITY-STATE-ZIP Westport, CT 06880

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/96

Date

407/629-1400

Daytime Phone #

CR2E034 (12/95)