

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

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

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
02/28/1989

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2876580

Applied For
Not Applicable

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

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

24. Zip

25. Country

29. Zip

30. Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	VEITIA, DIEGO J.	
STREET ADDRESS	250 PARK AVENUE SO STE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MICELI, JEROME F.	
STREET ADDRESS	250 PARK AVENUE SO STE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAKER, STEPHEN A.	
STREET ADDRESS	250 PARK AVENUE SO STE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, ADRIAN	
STREET ADDRESS	900 BESTGATE ROAD #405	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT A.	
STREET ADDRESS	800 LIVERMORE STREET	
CITY-ST-ZIP	YELLOW SPRINGS OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nancey M. McMurtry	
1.3 STREET ADDRESS	250 Park Avenue South, Ste 200	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sheri Cuff	
2.3 STREET ADDRESS	250 Park Avenue South, Ste 200	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steven Sjuggerud	
3.3 STREET ADDRESS	250 Park Avenue South, Ste 200	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Petrino	
4.3 STREET ADDRESS	225 Main Street, Ste 103	
4.4 CITY-ST-ZIP	Westport, CT 06880	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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)