

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23181 (1)**

1. Corporation Name  
**AMERICA'S ALL SEASONS INCOME FUND, INC.**



Principal Place of Business: **250 PARK AVE SOUTH STE - 200 WINTER PARK FL 32789-5079 US**  
Mailing Address: **250 PARK AVE SOUTH STE - 200 WINTER PARK FL 32789-5079 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **02/28/1989** 3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **59-2915573** 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 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 AVE SOUTH  
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(4) and 607.15(3), 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 I accept the obligations of, Section 607.02(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Name of Registered Agent or Registered Agent Group

12. OFFICERS AND DIRECTORS:  
11 TITLE: **DC**  DELETED  
NAME: **VEITIA, DIEGO J.**  
13 STREET ADDRESS: **250 PARK AVE SOUTH / STE - 200**  
CITY-STATE-ZIP: **WINTER PARK FL**  
11 TITLE: **AS**  DELETED  
NAME: **MCMURTRY, NANCEY M.**  
13 STREET ADDRESS: **250 PARK AVE SOUTH / STE - 200**  
CITY-STATE-ZIP: **WINTER PARK FL**  
11 TITLE: **D**  DELETED  
NAME: **DAY, ADRIAN**  
13 STREET ADDRESS: **900 BESTGATE ROAD #405**  
CITY-STATE-ZIP: **ANNAPOLIS MD**  
11 TITLE: **D**  DELETED  
NAME: **MILLER, ROBERT A.**  
13 STREET ADDRESS: **2817 RHETT DRIVE**  
CITY-STATE-ZIP: **BEAVER CREEK OH**  
11 TITLE: **S**  DELETED **ADDITION**  
NAME: **Saker, Stephen A.**  
13 STREET ADDRESS: **250 Park Avenue South, Ste 200**  
CITY-STATE-ZIP: **Winter Park, FL 32789**  DELETED

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12:  
11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-STATE-ZIP:  
11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-STATE-ZIP:  
11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-STATE-ZIP:  
11 TITLE:  Change  Addition  
12 NAME: **D/T**  
13 STREET ADDRESS: **Miceli, Jerome F.**  
14 CITY-STATE-ZIP: **250 Park Avenue South, Ste 200**  
11 TITLE:  Change  Addition  
12 NAME: **A/T**  
13 STREET ADDRESS: **Cuff, Sheri**  
14 CITY-STATE-ZIP: **250 Park Avenue South, Ste 200**  
**Winter Park, FL 32789**

14. I do hereby certify that the information appearing on 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 included on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 an addition with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jerome F. Miceli, Director**

01/31/96 407/629-1400  
DATE OF FILING DATE OF REPORT

CR2E034 (12/95)