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**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P23181 (1)

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



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

3. Date Incorporated or Qualified **02/28/1989** 3a. Date of Last Report **02/05/1996**

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

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	VEITIA, DIEGO J.	
STREET ADDRESS	250 PARK AVE SOUTH / STE - 200	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCMURTRY, NANCEY M.	
STREET ADDRESS	250 PARK AVE SOUTH / STE - 200	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, ADRIAN	
STREET ADDRESS	900 BESTGATE RAOD #405	
CITY - ST - ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT A.	
STREET ADDRESS	2017 RHETT DRIVE	
CITY - ST - ZIP	BEAVER CREEK OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAKER, STEPHEN A	
STREET ADDRESS	250 PARK AVENUE SOUTH, STE 200	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MICELI, JEROME F	
STREET ADDRESS	250 PARK AVENUE SOUTH, STE 200	
CITY - ST - ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cuff, Sheri	
1.3 STREET ADDRESS	250 Park Avenue South / Ste - 200	
1.4 CITY - ST - ZIP	Winter Park, FL 32789	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Miller, Robert A.	
4.3 STREET ADDRESS	1900 Selwyn Avenue	
4.4 CITY - ST - ZIP	Burwell #201 Charlotte, NC 28274	
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 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.

SIGNATURE: *Jerome F. Miceli* **REQUIRED Jerome F. Miceli 01/22/97 407/629-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)