

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

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathison  
Secretary of State  
Tallahassee, Florida 32399-0400



**APPROVED AND FILED**

95 MAY -1 AM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030751 (0)**  
1. Corporation Name  
**FOUR MORE, INC.**

Principal Place of Business: **324 COTTAGE ST NEW BEDFORD MA 02740 US**  
Mailing Address: **324 COTTAGE ST NEW BEDFORD MA 02740 US**

DO NOT WRITE IN THIS SPACE

3. Date Inc. Organized or Qualified <b>04/26/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0409816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for interest on tax under 26 USC 1332 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>14 KEENE ST.</b>	26. Mailing Address <b>14 KEENE ST</b>
22. State Apt. # etc.	27. State Apt. # etc.
23. City & State <b>NEW BEDFORD MA</b>	28. City & State <b>NEW BEDFORD MA</b>
24. ZIP <b>02740</b>	29. ZIP <b>02740</b>
35. COUNTY <b>BRISTOL</b>	30. COUNTY <b>BRISTOL</b>

9. Name and Address of Current Registered Agent  
**GRETCHAL K. DIVINCENZO  
1590 SW 17TH COURT  
SUITE 105  
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes, for a limited corporation (agent), this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, has been authorized by the corporation's board of directors, officers, or by the appointment of a registered agent. I am familiar with and accept the obligations of Sections 607.01, 607.02, and 607.03.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE <b>PVPS</b>	NAME <b>ELLEN OLIVEIRA</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>ELLEN OLIVEIRA</b>
STREET ADDRESS <b>324 COTTAGE ST.</b>	CITY, STATE, ZIP <b>NEW BEDFORD MA</b>	STREET ADDRESS <b>14 KEENE ST</b>	CITY, STATE, ZIP <b>NEW BEDFORD MA 02740</b>
TITLE <b>D</b>	NAME <b>DECKER, DENISE</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>301 E. CENTRAL AVE</b>	CITY, STATE, ZIP <b>RAVENNA OH</b>	STREET ADDRESS	CITY, STATE, ZIP
TITLE <b>D</b>	NAME <b>SANTOS, DOROTHY</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>324 COTTAGE ST</b>	CITY, STATE, ZIP <b>NEW BEDFORD MA 02740</b>	STREET ADDRESS	CITY, STATE, ZIP
TITLE	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY, STATE, ZIP	STREET ADDRESS	CITY, STATE, ZIP
TITLE	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY, STATE, ZIP	STREET ADDRESS	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated on form DSR-001 (file Florida Statutes). I further certify that the information indicated on this annual report or supplementary report is true and correct, 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 at the time of filing this document and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer or director.

SIGNATURE: *Ellen Oliveira*  
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER OF THE BOARD OF DIRECTORS  
**ELLEN OLIVEIRA**

4/25/95 308 9979911