

tompanies house
14 JUN1991
vi 8

1831554

Annual Return

This form should be completed in black.

| Company number | CN 1363:64 | M |
|----------------|-----------------------------|------------------------|
| Company name | AL PAUL AND COMPANY LIMITED | are., torage to seek a |
| | | |

Date of this return (See note 1) The information in this return is made up to

Date of next return (See note 2) If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

| Day M nth Year DA Sico Cochell | <u>, , , , , , , , , , , , , , , , , , , </u> | Accession of the Second Section Sectio |
|---------------------------------|---|--|
| DB | | |

Registered Office (See note 3)
Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

| RO LANC | CHAM STREET |
|-----------|-----------------------|
| Post town | ASHTON - CODER - LYNE |
| | LANCASHIRE |
| Postcode | OL-7 PAX |

Principal business activities

(See note 4)
Show trade classification code number(s) for principal activity or activities.

If the code number cannot be determined, give a brief description of principal activity.

| PA 4 1 2 0 | |
|------------|--|
| | |

Register of members

if the register of members is not kept. at the registered office, state here where it is kept

GEOFFREY BFECH & CO. CERTIFIED ACCOUNTANTS. 7 STAME LINE SULLARE. ASHTON-UNDER LYNE.

Post town

County/Region

LANCASHIRE

Postcode CLG GGG

Register of Debenture holders

(See note 6)

If there is a register of debenture Lolders and it is not kept at the registered office, state here where it is kept.

RD Post town County/Region Postcode

Company type (See note 7)

Public limited company.....

Private company limited by shares......

Private company limited by guarantee without share capital.....

Private company limited by shares exempt under section 30......

Private company limited by guarantee exempt under section 30.....

Private unlimited company with share capital.....

Private unlimited company without share capital.....

Company Secretary (See note 8) (Please photocopy this area to provide detail: of joint secretaries).

Name

*Style/Title

Forenames

Surname

*Honcurs etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

* Voluntary details

| T1 | | |
|------|----------------------------------|---|
| T2 🗸 | | |
| тз | | |
| T4 | Please mark the appropriate box. | |
| т5 | | |
| Т6 | | i |
| T7 | | |

Details of a new company secretary must be notified on form 288.

Nles CS

IRENE

どきてら

99 MCTTRAM CID ROAD

STALYBRIDGE Post town

ニみとろいろご County/Region <

Postcode

Country CharAND

Directors & ontinued)

Name

*Style/Title

Forenaiaes

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

CD NIR

MALCCLM

35c435

AD 15 ASHFIELD

Post town DENTON

County/Region MANCHESTER

Postcode MBA 3TL Country ENCLAND

DO 24 0850 Nationality NA BRITISH

OC DIE HOUSE MANACER

QD)

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address

Late of birth

Business occupation

Other directorshaps

CD

AD

Post town

County/Region

Postcode

coae

DO

Vationality NA

Country

OB

OKO

* Volumery details

| lame | *Style: Tittle | CD | | | | |
|------------------------------------|---|-------------------------------------|---|------------------------|----|---|
| | Foresames | | | | | |
| | Surname | | | | | |
| | *Honours etc | | | | | |
| | Previous foienames | | | | | |
| | Previous surname | | | | |] |
| Address | | AD | | | | |
| n the case of a | l address must be given. a corporation, give the rincipal office address. | Post town | | | | |
| | | County/Region | | | | |
| | | Postcode | 1 | Country | | |
| | Date of birth | DO | | Nationality | NA | |
| | Business occupation | oc | | | | |
| | Other directorships | OD | | | | |
| Name | *Style/Title Forenames | | | | | |
| | Surname | | | | | |
| | *Honours etc | | | | | |
| | *Honours etc Previous forenames | | | | | |
| Alduras | *Honours etc | AD | | | | |
| In the case of | *Honours etc Previous forenames | AD Post town | | | | |
| Usual residentia | *Honours etc Previous forenames Previous surname al address must be given, a corporation, give the | Post town County/Region | | Country | | |
| Usual residentia In the case of | *Honours etc Previous forenames Previous surname al address must be given, a corporation, give the principal office address. | Post town County/Region Postcode | • | Country | NΔ | |
| Usual residentia | *Honours etc Previous forenames Previous surname al address must be given, a corporation, give the principal office address. Date of birth | Post town County/Region Postcode D0 | | Country Nationality | NA | |
| Usual residentia In the case of | *Honours etc Previous forenames Previous surname al address must be given, a corporation, give the principal office address. | Post town County/Region Postcode | | | NA | |

Directors was a Phase it raine ters in alphabetical order

Details of new directors must be notified on form 288.

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

CD N/R

HARVEY

心をこてる

99 MOTTRAM CLD ROAD

Post town STALY BRIDGE

County/Region ←HESHIRE

Postcode

ENCLAND Country

DO 1 30944

Nationality NA BRITISH

MANAGING DIRECTOR

OD

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Frevious surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Voluntary details

MRTS

IRUNE

NEWTON

MUTTRAM CLD RCAD

Post town STALLBRIDGE

County/Region CHESHIRE

Postcode

Country

DO 23 0 8 4 6

Nationality NA BROTISH

OD

| Enter details of all the shares in issue at the date of this return. | Class | Number | Aggregate Nonanal Value | | |
|---|--|---|---|--|--|
| | Chromana | 1666 | e.i | | |
| | Totals | 10cc | El | | |
| Listofpastandpresentmembers (Use attached schedule where appropriate) | - - | | Please mark the appropriate box(es) | | |
| A full list is required if one was not included with either of the last two returns. (Section 10) | There were no changes in | | n paper not on paper | | |
| | A list of changes is enclose | ad | | | |
| | A full list of members is en | closed | | | |
| Elective resolutions (See note 11) | The same of the sa | | | | |
| (Private companies only) | If an election is in force at the date of this return to dispense with annual general meetings, mark this box | | | | |
| | If an election is in force at with laying accounts in ge | the date of this retur neral meetings, <i>mark</i> | n to dispense this box | | |
| Certificate I certify that the information given in this return is true to the best of my knowledge and belief. I enclose the fee of £25. | Signed | | Secretary/Director* **delete as apprepriate) | | |
| Make cheques p. yable to Companies House | This return includes | continu uter number) | | | |
| To whom should Companies House direct any enquiries about the information shown in this return? | GEOFFREY BEFCH & CO. CERTIFIED & COUNTANTS 7 STAMUTED 200 ME, ASHTON-UMBER DATE Postcode CLE & CON | | | | |
| | Telephone | | Extension | | |
| When you have signed the return send it with the fee to the Registrar of Companies at | Companies House, Crow for companies registered or Companies House, 100-1 for companies registered | in England and Wale 02 George Street, E | S | | |