

Please do not Write in this margin

COMPANIES FORM No. 363

Annual return of a company

To the Registrar of Companies

Pursuant to sections 363 and 364 of the Companies Act 1985

Note The appropriate fee should accompany this form

Total amount of indebtedness of the company

in respect of mortgages and charges

Please	complete
legibly	preferably

in black type, or bold block lettering

- * Insert full name of company
- t if the company has a share capital, this date must be the 14th day after the annual general meeting

10 the Registrar of Companies			For official use	Company number	
Annual	l return of (note 1)			1570060	
*	YARMOUTH STEVEDORES	LIMITED	the distribution of the second		
The inf	formation in this return is as at		**************************************		
	7th APRIL	19 87	†.(The da	ate of this return note 1)	
Addres	ss . f registered office of the cor	npany			
	16/17 SOUTH QUAY, GRE	EAT YARMOUTH			

If different from the registered office, state address where the register of members or any register of debenture holders or any duplicate or part of any register of debentures is kept or may be inspected.

(note 2).

Register of members Register of debenture holders

Postcode

NONE

For official use

Particulars of the secretary

Name (notes 3 and 4)			DONALD							
Previous name(s)(n	nte 3)								*	
Address (notes 4 and 5	16/17	SOUTH	QUAY, C	GREAT Y	ARMOUTI	1				
							Postcode		***************************************	

‡ only pages 1 and 2 need be completed in the case of a company without share capital

§ enter number of continuation sheets attached

We certify this return which comprises pages 1, 2, [3, 4, 5 and 6]‡ [plus§ __

continuation sheets]

Signed

Director, and

Secretary

Presentor's name address and reference (if any):

HOWARD, KILLIN & BRUCE, 16/17 SOUTH QUAY, GREAT YARMOUTH, NORFOLK, NR30 2RA. (MJT)

For official Use General Section

Post room

COMPANIES REGISTRATION 13 APR 1987

OFFICE

Page 1

Previous name(s)(note 3)	Business Occupation
A alata.	CHIEF EXECUTIVE
1 // Advance	National!ty
Address(note 5) HILL HOUSE, 5 ADDISON ROAD, GORLESTON	BRITISH
GREAT YARMOUTH	Date of birth(note 9)
Postcode	
Other relevant past or present directorships* (note 8)	
LYNHART LIMITED	
	ж
	7.7
Name(note 3) IAN DONALD BRUCE	Business Occupation
	SOLICITOR
Previous name(s)(note 3)	Nationality
Address(note 5) 16/17 SOUTH QUAY, GREAT YARMOUTH	BRITISH
	Date of birth(note 9)
Postcode Postcode	
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT	EDICAL CENTRE LIMITED, TIONAL LIMITED
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT	TONAL LIMITED Business Occupation
Other relevant past or present directorships* (note 8) NORTH SEA ME N.S.M.C. LIMITED. CILFFELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3)	Business Occupation
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3)	TONAL LIMITED
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT	Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode	Business Occupation
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode	Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode	Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s) (note 3) Address(note 5) Postcode	Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode Other relevant past or present directorships* (note 8)	Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode	Business Occupation Nationality
N.S.M.C. LIMITED. CILFTELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode Pther relevant past or present directorships* (note 8) ame(note 3)	Business Occupation Nationality Date of birth(note 9)
N.S.M.C. LIMITED. OILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s) (note 3) Address(note 5) Postcode When relevant past or present directorships* (note 8) ame(note 3) evious name(s)(note 3)	Business Occupation Nationality Date of birth(note 9)
N.S.M.C. LIMITED. OILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode Pher relevant past or present directorships* (note 8) ame(note 3) evious name(s)(note 3)	Business Occupation Nationality Date of birth(note 9) Business Occupation Nationality
N.S.M.C. LIMITED. CILFIELD MEDICAL SERVICES INTERNAT Name(note 3) Previous name(s)(note 3) Address(note 5) Postcode Other relevant past or present directorships* (note 8)	Business Occupation Nationality Date of birth(note 9) Business Occupation

Please do not write in this margin

Please complete legibly, preferably in black type, or bold blocklettering

* delete if inappropriate. Enter particulars of other directorships held or previously held. If this space is insufficient use a continuation sheet

Please do not Summary of share capital and debentures write in this margin Nominal share capital 100 ٤ Number of shares Class Nominal value of each share Ordinary 1 100 1 Please complete divided into:legibly, proferably in black type, or £ 2 bold block lettering 3 Issued share capital and debentures Class Number 1. Number of shares of each class taken up to the date of this return, 2 Ordinary_ 2.Number of shares of each class issued subject to payment Ordinary wholly in cash 3. Number of shares of each class issued as fully paid up for aconsideration other than cash Nil Amount per share 4.Number of shares of each class issued as partly paid up for a consideration other than cash and extent to which each such share is so paid up Nil £ 2 3 5. Number of shares (if any) of each class issued at a discount Nil Continued on page 4 LIST OF PAST Folio in register Names and Addresses ledger containing particulars Michael Charles McMillan Boon, Hill House, 5 Addison Road, Gorleston, Great Yarmouth Ian Donald Bruce, 16/17 South Quay, Great Yarmouth 5 6 8 9 10 12 13 14

30

pleto

ate.

iculars

irectoror held, te is t use a on sheet

lorably

ettering

15

Pluaso do not	Summary of share capital and debentures cont	inued	Amount	Number	Class
write in this margin	6 Amount of discount on the issue of shares which has not been written off at the date of this return	£	Nil		
	7 Amount per share called up on number of shares of each class	£	1	2	Ordinary
		£	······································	<u> </u>	
Please complete legibly, preferably		£			
black type, or bold block lettering	8 Total amount of calls received (note 10)	£	2		
and more lettering	9 Total amount (if any) agreed to be considered as paid on number of shares		Nil		
	of each class issued as fully paid up for a consideration other than cash	£			
		£			-
	10 Total amount (if any) agreed to be considered as paid on number of shares	£	Nil		
	The second secon	£			
	! "	£			
	11 Total amount of calls amount	£	Nil		
	12 Total amount of sums (if any) paid by way of commission in respect of any shares or debentures	£	Nil		
	13 Total amount of the sums (if any) allowed by way of discount for any	£	Nil		
	14 Total number of shares of each class forfeited			Nil	
		£	Nil		
	16 Total amount of shares for which share warrants to bearer are outstanding	Ē	Ni.1'		
	17 Total amount of share wnts to bearer issued and ISSUED	£	Nil		
	surrendered respectively since the date of the last return SURRENDERED 1	£	Nil		
	18 Number of shares comprised in each share warrant to bearer, specifying in the case of warrants of different kinds, particulars of each kind			Nil	
	AND PRESENT MEMBERS (notes 11 and 12)				

	Number of shares or amount of stock held by existing members at date of return	Particulars of shares return,or,in the case of the company,by (a (b) persons who have	Remarks	
	(note 11)	Number Date of Registrat		,
	1			
Í				
Į	1			
I				

Account of Shares