

Please complete in typescript, or in bold black capitals

Form revised March 1995

288b

Resignation of director or secretary

	17110	16								
Company Name in full			BEAUMONTS HEALTH STORES LIMITED							
* F288	BBD40 *									
Resignation form	1		Day	Month	Year					
	Date	e of resignation	O1	07	96	7				
	Resigna	tion as director	as secretary X Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.							
Please insert details as previously	NAME	*Style / Title	MR *Honours etc						FCIS	•
		Forename(s)	JOHN MICHAEL SADLER							
notified to Companies Ho	use.	Surname								
	ssation is o	†Date of Birth other than ease state reason	Day	Month	Year]				
			A servii	ng direct	or, sec	retary	etc mu	ıst sign the for	m below.	
* Voluntary details † Directors only.	5.	Signed		9.5	206	2		Date	03/07	196
			(by a servii	ng director/	secretary	/ adminis	strator / a	dministrative-receiver	:-/ receiver manag	jer / receiver)
Please give the name, address, selephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.			JOHN SAL	DLER, BLACK	(WOOD RO	AD, DOS	THILL, TA	MWORTH, B77 1JB		
							Tel			
			DX nui	mber			DX e	exchange		
A38 COMPA	*ACJQZN NIES HOUS	13K* <u>579</u> SE 09/07/96	Registr Compa for cor Compa	rar of Co anies Hou npanies	mpanie use, Cre register use, 37	s at: own W ed in I Castle	lay, Ca England Terra	ned the form pardiff, CF4 3UZ d and Wales oce, Edinburgh, nd	Z DX 3; or EH1 2EB	t to the 3050 Card Edinburgh