

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

	Company Number	171101	6						
Company Name in full		BEAUM	MONTS	HEALTH	STOF	RES LIM	ITED		
* F288									
Resignation form	n	Day	Month	Year					
	Date of resignation	21	01	97					
	Resignation as director	Х	Please mark the appropriate box. If resignation						
Please insert details as previously notified to Companies Hou	NAME *Style / Title	MR				*Honours etc BSC, MRPHARMS			
	Forename(s)	ALLEN J	ALLEN JOHN						
	se. Surname	LLOYD							
		Day	Month	Year	 1				
	09	05	49						
If ces resig									
									
	•	A ecrvin	ng direc	tor, sec	retary	etc mus	st sign the for	m below.	
* Voluntary details. † Directors only.	Signed			/ _	-8-78		Date	2 1 FEB 1997	
		(b) a s crvin	g director /	secretary /	adr ninistr	ator / ad min	istrative receiver / re	ceiver manager / receiver)	
Please give the name, address,		ANDREW	NASH, LLO	YDS CHEMI	STS PLC,	, BLACKWO	OD ROAD, DOSTHIL	.L, TAMWORTH, B77 1JB	
telephone number as DX number as the person Comcontact if there					Tel				

DX number

Registrar of Companies at:

for companies registered in Scotland

DX exchange

DX 33050 Cardiff

DX 235 Edinburgh

When you have completed and signed the form please send it to the

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales or

Form revised March 1995

COMPANIES HOUSE 07/03/97