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JORDANS

21 St Thomas Street Bristol BS1 6JS
Telephone: 0272 230600 Fax: 0272 230063
APPROVAL NUMBER CHA13

BB 100208

363_a

Annual Return

This form should be completed in black.

Company number

CN

02689839

Company name

FOUR SEASONS CONSULTANTS LIMITED

Date of this return (See note 1)

The information in this return is made up to

	Day	Month	Year
DA	21	02	96

Show date

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.

DB					
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Registered Office (See note 3)

Show here the address at the date of this return.

RO

HARRODS HOUSE

57 THE MALL

Post town EALING

County/Region LONDON

Postcode W5 3TA

Principal business activities

(See note 4)

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

PA	8	6	5	9
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EMPLOYMENT CONSULTANTS

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

Register of members

(See note 5)

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

RM	400 HARROW ROAD
Post town	LONDON
County/Region	
Postcode	W9 2HU

Register of Debenture holders

(See note 6)

If there is a register of debenture holders 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.....

T1	<input type="checkbox"/>
T2	<input checked="" type="checkbox"/>
T3	<input type="checkbox"/>
T4	<input type="checkbox"/>
T5	<input type="checkbox"/>
T6	<input type="checkbox"/>
T7	<input type="checkbox"/>

Please mark the appropriate box.

Company Secretary (See note 8)

(Please photocopy this area to provide details of joint secretaries).

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.

* Voluntary details

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

CS	MRS.
	SANDY
	PORTER
AD	ROSE COTTAGE
	SHRUBBS HILL, LONDON ROAD
Post town	SUNNINGDALE
County/Region	BERKS
Postcode	SL5 0JZ
Country	

Directors (See note 8)
Please list directors in alphabetical order.

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

Details of new directors **must** be notified on form 288.

CD	MRS.
	SANDY
	PORTER
AD	ROSE COTTAGE
	SHRUBBS HILL, LONDON ROAD
Post town	SUNNINGDALE
County/Region	BERKS
Postcode	SL5 0JZ
Country	
DO	1 6 0 7 4 2
Nationality	NA BRITISH
OC	MANAGER
OD	-

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

* Voluntary details

CD	MR.
	DEREK VICTOR
	MOULE
AD	ROSE COTTAGE
	SHRUBBS HILL, LONDON ROAD
Post town	SUNNINGDALE
County/Region	BERKS
Postcode	SL5 0JZ
Country	
DO	2 5 0 2 3 4
Nationality	NA BRITISH
OC	MARKETING DIRECTOR
OD	GREENSHIELD COWIE LIMITED
	PHOENIX TRAVEL LIMITED

Issued share capital (See note 9)

Enter details of all the shares in issue at the date of this return.

Class	Number	Aggregate Nominal Value
ORDINARY	100	£100
Totals	100	£100

List of past and present members

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

(See note 10)

Please mark the appropriate box(es)

There were no changes in the period



on paper

not on paper

A list of changes is enclosed



A full list of members is enclosed

**Elective resolutions** (See note 11)

(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 the date of this return to dispense with laying accounts in general meetings, mark this box

**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Sandy
S. P. R. S.

Secretary/Director

(*delete as appropriate)

Date 28TH FEBRUARY 1996

This return includes continuation sheets.
(enter number)

To whom should Companies House direct any enquiries about the information shown in this return?

COLE & CO	
CHARTERED ACCOUNTANTS	
400 HARROW ROAD	
LONDON W9 2HU	Postcode
Telephone 0171-289 1188	Extension

Companies House, Crown Way, Cardiff CF4 3UZ

for companies registered in England and Wales

or

Companies House, 100-102 George Street, Edinburgh EH2 3DJ

for companies registered in Scotland.

When you have signed the return send it with the fee to the Registrar of Companies at

Directors (continued)

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

<input type="checkbox"/> CD	
<input type="checkbox"/> AD	
Post town	
County/Region	
Postcode	Country
<input type="checkbox"/> DO	Nationality <input type="checkbox"/> NA
<input type="checkbox"/> OC	
<input type="checkbox"/> OD	

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

<input type="checkbox"/> CD	
<input type="checkbox"/> AD	
Post town	
County/Region	
Postcode	Country
<input type="checkbox"/> DO	Nationality <input type="checkbox"/> NA
<input type="checkbox"/> OC	
<input type="checkbox"/> OD	

* Voluntary details

Directors (continued)**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**AD**

Post town

County/Region

Postcode

Country

DO

Nationality

NA**OC****OD****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**AD**

Post town

County/Region

Postcode

Country

DO

Nationality

NA**OC****OD**

* Voluntary details