

## COMPANIES FORM No. 88(2)(Rev 1988)

## **Return of allotments of shares**

Pursuant to section 88(2) of the Companies Act 1985 (the Act)

Please do not write in this margin

To the Registrar of Companies (address overleaf) (see note 1)

(REVISED 1988)

This form replaces forms PUC2, PUC3 and 88(2)

Please complete legibly, preferably

Company number

n black type, or oold block lettering	3	2	77641	8			
insert full name of company	1. Name of company  * MEDICS INCORPORA	7ED W	NITED				
	This section must be completed for all allotments		T				
distinguish between ordinary preference, etc.	Description of shares †	ORDINIARY					
	A Number allotted	/8					
	B Nominal value of each	£1. each	£	£			
	C Total amount (if any) paid or due and payable on each share (including premium if any)	£	£	£			
complete (a) or (b) as appropriate	Date(s) on which the shares were allotted  (s) [on 151 JANUARY 19 94- ] \$, or  (b) [from 19 to 17 to 18 to 19 to 1						
	3. If the allotment is wholly or partly other than for cash to (see notes 2 & 3)	the following info	rmation must t	oe given			
	D Extent to which each share is to be treated as paid up Please use percentage.	100%					
	E Consideration for which the shares were allotted						
	NOTES  1. This form should be delivered to the Registrar of Comp	panies within one	month of the	(first) date of			
	allotment.  2. If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by section 88(2)(b) of the Act or by the duly stamped prescribed particulars required by section 88(3) (Form No 88(3)).						
	3. Details of bonus issues should be included only in sect	ion 2.	MPA	W.			
· - <u>-</u>	Presentor's name address, telephone For official use number and reference (if any):	Post	rom ;19 FEB				
es e	B.B.K. Ingle Collis (ACCOUNTANTS & REGISTERED AUDITORS) S HIGH STREET NORTH EAST HAM LONDON ES 2HJ		HOU	SE.			
° age	TEL: 081 471 5577		-				

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## 4. Names and addresses of the allottees

Please do not write in the margin

Picase complete legibly, preferably in black type, or bold block lettering

Names and Addresses	es and Addressea Number of shares allotted		
	Ordinary	Preference	Other
MARE LAURENCE SHARIFI			
SS THE DRIVE ILFORD			
ESSEX IGI 3HD	15		
2			
JASON KATH BUTLER			
102 GLENGALL ROAD			
WOODFORD GREEN ESSEX IG8 ODL	+		
ESSEX 148 USL	33		
	<u> </u>		.,
	-		
Total		_	

Where the space given on this form is inadequate, continuation sheets should be used and the number of sheets attached should be indicated in the box opposite:		‡ Insert Director, Secretary,
Signed M. Signation DIRECTOR	Date	Administrator, Administrative Receiver or Receiver (Scotland) as

Companies registered in England and Wales or Wales should deliver this form to:-

The Registrar of Companies Companies House Cardiff CF4 3UZ Companies registered in Scotland should deliver this form to:-

The Registrar of Companies Companies House 100-102 George Street Edinburgh EH2 3DJ