

Resignation of director or secretary

288b

Please complete in typescript, or in bold black capitals.

	Company Number	3241604
c * F 2 8 8	ompany Name in full B 0 1 9 *	FIFTH AVENUE (GOOLE) Limited
Resignation form	Date of resignation Resignation as director	Day Month Year 27 08 96 X as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hous	NAME *Style / Title Forename(s) Surname se.	*Honours etc ST JAMES'S DIRECTORS LIMITED Day Month Year
	†Date of Birth ation is other than ation, please state reason	
Voluntary details. Directors only.	Signed	A serving director, secretary etc must sign the form below. Date 27/08/96 (by a serving director/ secretary / se
elephone numb LDX number	e name, address, er and, if available, and Exchange of panies House should any query.	ST JAMES'S MANAGEMENT 88 KINGSWAY HOLBORN LONDON Tel 0171 209 5100 DX number DX exchange

Registrar of Companies at:

for companies registered in Scotland

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

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

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, Crown Way, Cardiff, CF4 3UZ

or companies registered in England and Wales

Form revised March 1995

COMPANIES HOUSE 29/08/96

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