

BB 115

363a

Please complete in typescript, or in bold black capitals.

Annual Return

Company N	um	ber
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02806760

Company Name in full

Past	PROPERTY	SERVICES	LIMITEN
سويت الم	THE EET /	OFFERICES	HMILED

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Date of this return (See note 1) The information in this return is made up to

89 05

Month

Year

Day

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.

Day Month Year 31 05

	.S96YZ*	460
COMPANIES H	HOUSE 11/	06/98

Registered Office (See note 3) Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

County / Region

Postcode

Principal business activities

(See note 4)

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

If the code number cannot be determined. give a brief description of principal activity. 9305

PRAYAG & PRAYAG CERTIFIED ACCOUNTANTS REGISTERED AUDITORS 42 KINGS AVENUE GREENFORD UB6 9DE

Form revised March 1995

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh

for companies registered in Scotland

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Register of men If the register of men registered office, sta	nbers is no	ot kept at the					
registered office, sta	ie liele wi	iere it is kept.					
		Post town					
	Co	ounty / Region				Postcode	
Register of Deb	enture h	olders					
(See note 6) If there is a registe							
and it is not kept a state here where it is	at the regi		[
		Post town		·			
	Co	ounty / Region				Postcode	
		!	L			J L	
Company type	(See note 7)						
Public limited company	/						
Private company limite	d by shares	5					
Private company limite share capital	ed by guara	ntee without					
Private company limite section 30	d by shares	exempt under		> P	lease mark the	e appropriate	box
Private company limite under section 30	d by guara	ntee exempt					
Private unlimited comp	any with sh	are capital					
Private unlimited comp	any withou	t share capital					
Company Secre	etary (see	notes 1-5)	Details of a	new comp	any secretary	, must he not	tified on form 288a.
(Please photocopy				Thew comp	 ¬	ſ	miled on form 200a.
this area to provide details of joint secretaries).	Name	* Style / Title				Honours etc	
Secretaries).		Forename(s)	_ Ju:	STINI	CARL		
		Surname	Le	SE			
* Voluntary details.	Previou	s forename(s)					
	Previo	us surname(s)					
	Address		5	Cam	BUS (close	
Usual residential	,		HPF	YER			
address must be given. In the case of a		Post town	M	1004		`	
corporation, give the registered or principal	<u></u>	ounty / Region				Postcode	UB4 957
office address.		Country		SICLE	~~		

Class Number of Agg (e.g. Ordinary/Preference) shares issued Nominal Value Issued share capital (see note 9) (i.e Number of shares issued Enter details of all the shares in issue multiplied by nominal value at the date of this return. per share) 100 Ebo 100 Totals 100 List of past and present members There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. on paper in another format (see note 10) A list of changes is enclosed A full list of members is enclosed **Elective resolutions** If at the date of this return an election is in force to dispense with (Private companies only) annual general meetings, mark this box (See note 11) If at the date of this return an election is in force 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 **Date** † Please delete as appropriate. † a director /secretary When you have signed the return send it This return includes continuation sheets. ONE with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, telephone number, and if available, a DX number and Exchange, for PRAYAG & PRAYAG CERTIFIED ACCOUNTANTS the person Companies House should REGISTERED AUDITORS
AZ KINGS AVENUE contact if there is any query. GREENFORD UB6 9DE GREENFORDX exchange DX number

Directors Details of new directors must be notified on form 288a * Style / Title Name Day Month Year * Honours etc Date of birth Forename(s) Surname Previous forename(s) Previous surname(s) **Address** Usual residential address must be Post town given. In the case of a corporation, give the Postcode County / Region registered or principal office address. **Nationality** Country **Business occupation** Other directorships * Voluntary details * Style / Title Name Day Month Year Date of birth * Honours etc Forename(s) Surname Previous forename(s) Previous surname(s) **Address** Usual residential address must be Post town given. In the case of a corporation, give the Postcode County / Region registered or principal office address. **Nationality** Country **Business occupation** Other directorships

Directors (see notes 1-5) Please list directors in alphabetical order.			Details of new directo	rs must be n	otified on for	m 288a		
•	Name	* Style / Title				Day	Month	Year
		* Honours etc			ate of birth	15	08	70
		Forename(s)	Lustin	= CA	el			
		Surname	POSE	(MF	2)			
	Previo	us forename(s)				<u>· </u>		
	Previo	ous surname(s)						
	Address	:	5 CAME	2.10	Clase			
Usual residential	1		teayes					
address must be given. In the case of a) L	Post town	1912	<u> </u>				
corporation, give the registered or principal office address.	r principal (County / Region	MIDDX		Postcode	LB.	4 95	
		Country	ENGLAN	D	Nationality	<u>a</u>	RITTE	S14
Business occupation			COMPANY DIRECTOR					
	Other di	rectorships	NOVE					
* Voluntary details.								
	Name	* Style / Title			_	Day	Month	Year
		* Honours etc		D	ate of birth	25	୦୩	67
		Forename(s)	SARA GUZABETH					
		Surname	POSE	(MR	(2			
	Previo	us forename(s)						
	Previo	ous surname(s)						
	Address	;	5 CAMI	2V2	Close			
Usual residential			HEAY CS	>				
address must be given. In the case of a corporation, give the		Post town						
registered or principal office address.		County / Region	MIDDX		Postcode	VE	34 9	157
		Country	ENGLASI	0	Nationality	B	21118	12
	Busines	s occupation	Bookke	-cPCR				
	Other di	rectorships	NONE			,		
		,						-

Directors (continued)			Details of new directors must be notified on form 288a							
	Name	* Style / Title				Day	Month	Year		
·		* Honours etc		Da	te of birth					
		Forename(s)								
		Surname								
	Previo	us forename(s)			· ••••	•				
	Previo	ous surname(s)								
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corporation, give the registered or principal office address.		County / Region			Postcode					
omoc dadross.		Country			Nationality					
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registered or principal office address.		County / Region			Postcode			· 		
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		s occupation								
	Other di	irectorships								
]							

LIGH OF FACE AND THOUGHT, MILITIAL TO		Accour	nt of Shares	
Company Number: 02806760	Number of	Particulars of shares transferred Number of since the date of the last return,		
Company Name:	shares or amount of stock held	since the incor		
LORE PROPERTY SERVICES LO	by existing members at date of this	(a) persons w members,		
THE PERIOD / CERTICES IN	return.	(b) persons w		
			Date of	
Name and address		Number	Registration of Transfer	Remarks
MR J.C. ROSE	50			
S CAMBUS Close				
teaxes				
MUDDR - UBA 98x				
MRS S.E. ROSE	50			
J CAMBUS CLOSE				
+CAYIP			-	
MIDDX - LBA 9SY.				
				<u>.</u>
	<u> </u>	1		

Company Number:	Account of Shares			
Company Name:	Number of shares or amount of stock held by existing members at	or or, in the case of the first return, of since the incorporation of the neld company, by		
	members at date of this return.	(b) persons w	and	
		ceased to	Date of	
Name and address		Number	Registration of Transfer	Remarks
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