

363a

Please complete in typescript, or in bold black capitals.

Annual Return

Company Number

3242254

Company Name in full

SEAGREENS	LIMITED	

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

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.

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

Day	Мо	nth		Υe	ar	
2 7	0	ප	1	٩	٩	8

Day	Month	Year
1		

NWB BAB

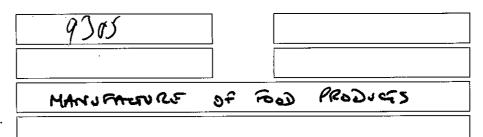
25 PLYMPTON	STREET
•	
MAKYLEBINE	
hoghed	
Paupou	

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.





Form revised July 1998

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 for companies registered in Scotland DX 235 Edinburgh

Register of me					**		 .		
If the register of management registered office, s					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·			
Tegistered Office, a	state nere v	vnere ii is kepi.							
		Post town						· · · · · · · · · · · · · · · · · · ·	
	ounty / Region				Postcode				
		·	÷						
Register of De	benture	holders		· 	 .	· · · ·	, .		
(See note 6) If there is a regis									
and it is not kept state here where i	gistered office,					, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
		Post town							
	С	ounty / Region				Postcode			
Company type	(See note	7)		_					
Public limited compa	any								
Private company lim									
Private company lim share capital	ited by guar	antee without							
Private company limi section 30	ited by share	es exempt under	Please mark the appropriate box						
Private company lim under section 30	ited by guar	antee exempt							
Private unlimited cor	mpany with	share capital							
Private unlimited cor	mpany witho	out share capital							
Company Sec	retary (se	e notes 8)	Details of a r	ew comp	any secretary	must he not	ified on for	100a	
(Please photocopy this area to provide	Name	* Style / Title	Me		٦	Honours etc		III 200a.	
details of joint · secretaries).		Forename(s)		~ 68	<u> </u>	L			
		Surname	RAG	198	enard	· <u>·</u> ·			
* Voluntary details.	Previou	s forename(s)					·		
	Previo	us surname(s)							
Address			1 THE WARREN						
					·				
Usual residential address must be	,	Post town	HANG	DCR05	<u> </u>				
given. In the case of a corporation, give the registered or principal	Co	ounty / Region	и.	SX		Postcode	RHIT	4G9	
office address.		Country	EN	GLAN	0				

List of past and present members Schedule to form 363a, 363b

Number of shares or amount of stock held by existing members at date of this return. Particulars of shares or stock transferred since the date of the last return or stock (or in the case of the first return, since the incorporation of the company) by

- (a) persons who are still members, and
- (b) persons who have ceased to be members.

Name and address	Number or amount currently held	Number or amount transferred	Date of registration of transfer	Remarks
		Tansiened	or transfer	Hemans

			:	
	11 1	1	1	I



Please complete in typescript, or in bold black capitals.
CHFP000

List of past and present members Schedule to form 363a, 363b

Company Number

Company Name in full

SEAGREENS LIMITED

Number of shares or amount of stock held by existing members at date of this return. Particulars of shares or stock transferred since the date of the last return (or in the case of the first return, since the incorporation of the company) by

- (a) persons who are still members, and
- (b) persons who have ceased to be members.

Name and address	Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
Simon Bernard RANGER, 1 The Warren, Handcross, West Sussex, RH17 6DX	1	None	31.8.96	
Adrian WHITEFOORD, 59 Chestnut Avenue, Chorleywood, Herts. WD3 4HA.	1	None	31.8.96	
,				
`				

Directors, (see no			Details of nev	v director	s must be no	tified on forr	n 288a		
Please list directors ir	n alpnabeti Name	* Style / Title	MR			Day	/ Month	Year	
		* Honours etc			Date of		७।4	(191510	
. 1		Forename(s)	Sinon	BET					
	Surname	RANGER							
	us forename(s)								
	ous surname(s)								
Address			1	THE	NARDE	4			
Usual residentia	1	Ī				し			
address must be given. In the case of a	: I	Post town	H4	ANDCO	?5				
corporation, give the registered or principal office address.	_	county / Region	W	Sx		Postcode	RHT	1 6DM.	
onice address.		Country	ミ ラ	c van	>	Nationality	BRI	754	
Business occupation			CANSULTANT						
	Other di	rectorships	PRS BOND LID						
* Voluntary details.			INTERATIONAL PARMERSHIPS UTD						
	Name	* Style / Title	MR			Da	y Month	Year	
		* Honours etc			Date of	birth 2	8 10	1 9 6 1	
		Forename(s)	ADRIA	2					
		Surname	WHITE FOORD						
	Previo	us forename(s)							
	Previ	ous surname(s)							
	Address	3	59 CHESTNUT AVENUE						
Usual residentia	al								
address must be given. In the case of	а	Post town	CHORLEYWOOD						
corporation, give the registered or princip office address.		County / Region	14-6	275		Postcode	MD	3 4HA	
		Country	64	الإسهما	Nationality BR171S#				
	Busines	s occupation	DESIGN CONSULTANT						
	Other d	irectorships	PEH	BERTO	n a wa	f.105609511 H	آه، ا).	

DIRECTORS (continued	d)	Details of new directors must be notified on form 288a						
	* Style / Title			Day Month	Year			
- L	* Honours etc		Date of birth					
	Forename(s)							
	Surname							
	Previous forename(s)	,		·				
	Previous surname(s)							
Ac	Idress							
Usual residential address must be given. In the case of a	Post town	·						
corporation, give the registered or principal office address.	County / Region		Post	code	,,			
•	Country		Natio	nality				
	isiness occupation							
Ot	her directorships							
* Voluntary details.		:	<u> </u>					
Na	ı me * Style / Title			Day Month	Year			
i	* Honours etc		Date of birth					
	Forename(s)							
	Surname				<u> </u>			
{	Previous forename(s)							
	Previous surname(s)				. <u>.</u>			
A	ddress							
Usual residential								
address must be given. In the case of a	Post town							
corporation, give the registered or principal	County / Region		Post	code				
office address.	Country		Natio	nality				
Ви	siness occupation		<u> </u>					
Oth	ner directorships		· · · · · · · · · · · · · · · · · · ·					
	Ī							

Directors (contin	nued)		Details of new directors must be notified on form 288a							
	Name * Style / Title				·	Day	Month	Year		
		* Honours etc		Date of	birth					
		Forename(s)								
		Surname							-	
	Previou	us forename(s)								
	Previo	us surname(s)					_			
	Address									
	_									
Usual residentia address must be given. In the case of a	e	Post town						,u.,		
corporation, give the registered or princip	e c	ounty / Region			Postc	ode				
office address.		Country			Nation	ality				
	Busines	s occupation								
	Other dir	ectorships								
* Voluntary details										
•										
	Name	* Style / Title				Day	Month	Year		
		* Honours etc		Date of	birth					
		Forename(s)								
		Surname								
	Previo	us forename(s)								
	Previo	ous surname(s)								
	Address									
				**						
Usual residentia address must be given. In the case of	е	Post town								
corporation, give the registered or principal	e c	ounty / Region			Postc	ode				
office address.		Country			Nation	ality				
	Busines	s occupation			-					
	Other di	rectorships								

Aggregate (e.g. Ordinary/Preference) shares issued Nominal Valuè 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) Q() Totals 2 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 annual general meetings, mark this box (Private companies only) (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** 2.3.99 † Please delete as appropriate. † a director /secretary When you have signed the return send it This return includes continuation sheets. 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 the person Companies House should contact if there is any query. Tel DX number DX exchange

Class

Number of