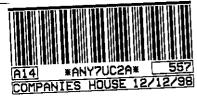


ess 65 000264

363a

Please complete in typescript,

or in bold black capitals.	Annual Return
Company Number	02858713
Company Name in full	D. V. ELLIS LIMITED
Date of this return (See note 1) The information in this return is made up to	Day Month Year O 1 10 1998
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
Registered Office (See note 3) Show here the address at the date of this return.	CORNER COTTAGE, MAIN STREET
Any change of registered office must be notified on form 287. Post town County / Region Postcode	N. ANSTON SHEFFIELD S. YORKS S31 7BE
Principal business activities (See note 4) Show trade classification code number(s) for the principal activity or activities.	4521
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

or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of mem If the register of men	ATKIN MACREDIE & CO					
registered office, stat	ie here where it is kept.	23 WEST	BOURN	E ROAD	ı	•
	Post town	SHEFFIE	LD			
	County / Region	S YORK		•	Postcode	S10 2QQ
				·	•	
Register of Deb	enture holders					
(See note 6) If there is a register	r of debenture holders					
and it is not kept at state here where it is	t the registered office, is kept.					
	Post town					
	County / Region				Postcode	
	•					
Company type	(See note 7)		_			
Public limited company	<i>,</i>					
Private company limite	ed by shares	\checkmark				
Private company limite share capital	ed by guarantee without					
Private company limite section 30	d by shares exempt under		> Ple	ase mark the	e appropriate	box
Private company limite under section 30	ed by guarantee exempt					
Private unlimited comp	pany with share capital					
Private unlimited comp	pany without share capital					
Company Secre	etary (see notes 8)					
(Please photocopy	•	Details of a net	w compar	ny secretary	must be no	tified on form 288a.
this area to provide Notails of joint	Name * Style / Title			*h	Honours etc	
secretaries).	Forename(s)	KAY	Hun	TER		·
	Surname	HAMM	040			
* Voluntary details.	Previous forename(s)	_				
	Previous surname(s)					`
Address		CORNER COTTAGE				
Hand well at t		MAIN STREET, NORTH ANSTON				
Usual residential address must be	Post town	SHEFFIE	CO			
given. In the case of a corporation, give the registered or principal	County / Region		2KS		Postcode	531 7BE
office address.	Country	ENGLA	ND		_	

Directors (see notes		Details of new directors must be notified on form 288a						
Please list directors in al								
, Na	me * Style / Title	Day Month Year						
	* Honours etc	Date of birth 2 6 0 3 1 9 6 7						
	Forename(s)	GERARD HUNTER						
	Surname	Hammono						
F	Previous forename(s)							
	Previous surname(s)							
Ad	dress	CORNER COTTAGE						
Usual residential address must be		MAIN STREET, NORTH ANSTON						
given. In the case of a corporation, give the	Post town	SHEFFIELD						
registered or principal office address.	County / Region	S. Yorks Postcode 531 7BE						
	Country	ENGLANO Nationality BRITISH						
Bu	siness occupation	BUILDER						
Otl	ner directorships							
* Voluntary details.								
Na	me * Style / Title	Day Month Year						
	* Honours etc	Date of birth						
	Forename(s)							
	Surname							
F	Previous forename(s)							
Previous surname(s)								
Ad	dress							
Usual residential								
address must be given. In the case of a	Post town							
corporation, give the registered or principal office address.	County / Region	Postcode						
omoe addicas.	Country	Nationality						
Bu	siness occupation							
Oti	ner directorships							

Directors (continued)		Details of new directors must be notified on form 288a								
Na	* Style / Title			Day	Month	. Ye	ar			
	* 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 corporation, give the	Post town		ni							
registered or principal office address.	County / Region		Posto	L						
	Country		Nation	nality			***************************************			
	siness occupation									
Ot	her directorships						<u></u>			
* Voluntary details.					·····					
Na	ame * Style / Title			Day	Month	Υє	ear			
	* Honours etc		 Date of birth				 			
	Forename(s)						1			
	Surname									
Previous forename(s)										
Previous surname(s)			100							
<u> p</u>	Address				•					
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						
В	usiness occupation									
Ot	ther directorships						 ,			

Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e Number of shares issued multiplied by nominal value per share)
	ORDINARY	2	£2_
	Totals	2	EZ
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.	There were no changes ir	n the period V	
(see note 10)		on pape	r in another format
	A list of changes is enclos	sed	
	A full list of members is er	nclosed	
Elective resolutions (Private companies only) (See note 11)	If at the date of this return	an election is in forcannual general meeti	e to dispense with ngs, <i>mark this box</i>
	If at the date of this return laying accou	an election is in force ints in general meetir	e to dispense with ngs, mark this box
Certificate	I certify that the information knowledge and belief.	n given in this return	is true to the best of my
Signed	X M	Date	2/12/48
† Please delete as appropriate.	† a director/secretary	our .	2/1-/10
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	i nis return includes	(enter number)	ntinuation sheets.
Please give the name, address, telephone number, and if available,	Augus Margaria	+ C- 22 :	Ja0 0
a DX number and Exchange, for	ATKIN MACREOIE		NESTIBOURNE KOAD.
the person Companies House should contact if there is any query.	SHEFTIELD	510 2QQ	
	DV numb - ::		60200
	DX number	DX exchange	

irectors (continued	i) ·	Details of new directors	must be notified	on form	288a	
, N	ame * Style / Title			Day	Month	Year
•	* Honours etc		Date of birth			
	Forename(s)					
	Surname					- <u>-</u>
F	Previous forename(s)					
	Previous surname(s)					
Ad	dress					
				,		
sual residential idress must be ren. In the case of a	Post town					
orporation, give the gistered or principal	County / Region		Po	stcode		
fice address.	Country		Nat	ionality		
Bu	siness occupation				<u>,</u>	
Ot	her directorships					
Voluntary details						
Voluntary docume						
Na	ame * Style / Title			Da	y Month	Year
	* Honours etc	:	Date of birt	h L		
	Forename(s)					
	Surname					
	Previous forename(s))				
	Previous surname(s))				
A	ddress					
					 -	
Usual residential address must be	Post town	n				
given. In the case of a corporation, give the egistered or principal	County / Region	n	F	ostcode		
office address.	Country	у	N:	ationality	/	
E	Business occupation					
C	Other directorships					
						<u> </u>