

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

CHANGE OF PARTICULARS for director or secretary (NOT for appointment (use Form

288a) or resignation (use Form 288b))

288c

Company	Number
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2463465

Co	mpany Name m lui	MAIKIX HEALIACAKE PLC.
		Day Month Year
Changes of particulars	Complete in all cases	Date of change of particulars 06081999
form	Name *Style / Title	*Honours etc
	Forename(s	MARK DAVID
	Surname	OSBORNE
	† Date of Birti	Day Month Year
Change of name (enter new name) Forename(s)		
	Surname	e
Change of usual residential address (enter new address)		1 MOORGATE, BAILDON
	Post town	SHIPLEY
	County / Region	WEST YORKSHIRE Postcode BD17 6LW
	Country	ENGLAND
Other change	(please specify	
		A serving director, secretary etc must sign the form below.
* Voluntary details. † Directors only.	Signed	Date 24/8/99

**Delete as appropriate.

Please give the name, address, MARK OSBORNE, NIGHTINGALE NURSING HOME telephone number and, if available, a DX number and Exchange of BRADFORD ST MARYS ROAD the person Companies House should contact if there is any query. Tel 01274 - 488444 BDS 7QN

DX number

hen you have completed and signed the form please send it to the egistrar of Companies at:

DX exchange

ompanies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff companies registered in England and Wales

impanies House, 37 Castle Terrace, Edinburgh, EH1 2EB companies registered in Scotland DX 235 Edinburgh

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