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Please complete in typescript, or in bold black capitals.

Form revised March 1995

Resignation of director or secretary

	Company Number	2834444
	Company Name in full	INSTYLE CONSERVATORIES LIMITED
× F 2 6 8	3 B O 1 9 X	
Resignation form	Date of resignation Resignation as director	Day Month Year 31 94 99 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 Ho	NAME *Style / Title	is as a director and secretary mark both boxes. MR • *Honours etc
	Forename(s)	LESLIE
	Surname use.	LEA
	[†] Date of Birth ssation is other than gnation, please state reason	Day Month Year 13 05 39
* Voluntary details. † Directors only.	Signed	A serving director, secretary etc must sign the form below. Date 23, 4, 99 (by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver
lelephone num A27 COMPANI COMPANI	*ABMKHGQE* 594 LES HOUSE 29/05/99 ES HOUSE 1//09/99 ASJ2LFVI* 448 3 HOUSE 28/04/99	Tel DX number DX exchange 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
orm revised Ma		Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh