

Return of Allotment of Shares

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

0111520

Company Number	3460739				
Company name in full	FIZZ V.K. LINITED				
·					
Shares allotted (including bor	enus shares):				
	From To				
Date or period during which	Day Month Year Day Month	Year			
shares were allotted (If shares were allotted on one date effer that date in the "from" box)	0110151191919				
Class of shares					
(ordinary or preference etc)	ORDINARY				
Number allotted	TWO				
Nominal value of each share	£I				
Amount (if any) paid or due on eac share (including any share premium)	ch £1				
List the names and addresses of th	he allottees and the number of shares allotted to each overleaf				
If the allotted shares are fully	or partly paid up otherwise than in cash please state	i			
% that each share is to be treated as paid up		·			
Consideration for which					
the shares were allotted (This information must be supported by					
the duly stamped contract or by the duly					
stamped particulars on Form 88(3) if the contract is not in writing)					



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

Companies House, Crown Way, Cardiff CF14 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

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details	Shares and share class allotted		
Name HEATHER GILBERT	Class of shares allotted	Number allotted	
Address 135 DOMONIC DRIVE	ORDINARY	TNO	
CHISLEHURST, LONDON			
UK Postcode 2 E 9 L 3 L H			
Name	Class of shares allotted	Number allotted	
Address			
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UK Postcode しょとしょし		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
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Name	Class of shares allotted	Number allotted	
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UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
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UK Postcode	L		
Please enter the number of continuation sheets (if any) attached to this f	orm O		
Signed Rathand Date	e 3115) 1999		
A director /-secretary / administrator /-administrative receiver /-receiver-manager /-receiver	1 1	ete as appropriate	
Please give the name, address,	I AN IT CON 1971 De	500 E C D	

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

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	XJ22V2		•	01323			<u>1 b</u>
DX numbe			exchange		1	,	