G

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)



Please do not write in this margin Pursuant to section 109 of the Insolvency Act 1986

| his margin | | | | |
|---|---|-------------------------------------|-------------------|-----------------|
| Please complete egibly, preferably | To the Registrar of Companies (Address overleaf) | F | For official use | Company number |
| in black type, or bold block lettering | Name of company | 1 | | |
| | * DISABLED ST | 575M3 L | MMED | |
| * insert full name of | | | | |
| company | Nature of Business | | | |
| | CONSTRUCTION AND PROVISION OF FACILITIES TO THE | | | |
| | DISABLED IN THETR HOMES | | | |
| † delete as appropriate | I/We give notice that I/we have been and on | THE [[the creditors]† | or(s) of the abov | e company |
| | | | | |
| | Name of Liquidator Henry 2. Daron | | | |
| | Office holder number 6443 | | | |
| | Address MILLE CRIC OCORSON | | | |
| | 9 ORE SOUNTE PAISET PAI 2DL | | | |
| | Signature | | | 22ms Mars, 1995 |
| | Oignator 0 | | | |
| | Name of Liquidator | | | |
| | Office holder number | | | |
| | Address | | | |
| | Address | | | |
| | | | | |
| | Signettire | | Date | |
| | Signature | | | |
| - | | | | |
| | Presentor's name address and reference (if any): | For official Use General Section | | Post room |
| | MILNE, CRAIG & CORSON CHARTERED ACCOUNTANTS ASHTREES HOUSE 9 ORR SQUARE PAISLEY | | | |