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COVER LETTER

SUBJECT:	NATIONAL DIST	RIBUTION SOLUTIONS, INC
		(Name of Corporation)
DOCUMENT	NUMBER: P0300	00113613
The enclosed	Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return a	ill correspondence con	cerning this matter to the following:
VINCENT	ROMEO (Name of Perso	on)
NATIONA	L DISTRIBUTION (Name of Firm/Con	SOLUTIONS mpany)
<u>3848 NW</u>	126th AVENUE (Address)	
CORAL S	PRINGS, FLORIDA (City/State and Zip	A 33065 Code)
		this matter, please call:
ROSS AD	LER (Name of Person)	at (954) 255-2000 (Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made	e payable to the Florida Department of State.
Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VINCENT ROMEO	, hereby resign as	DIRECTOR
	, ,	(Title)
of NATIONAL DISTRIBUTION S	SOLUTIONS, INC.	,
(Name of C	Corporation)	
P03000113613 (Document Number, if known)	a corporation organized unde	r the laws of the State of
FLORIDA		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314