

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35388

(1)

1. Corporation Name

A-DIA 747 SERVICES, INC.



Principal Place of Business

Mailing Address

C/O HAROLD WEISSMAN
P.O. BOX 70552
LAUDERHILL FL 33307

C/O HAROLD WEISSMAN
P.O. BOX 70552
LAUDERHILL FL 33307

3. Date Incorporated or Qualified
07/11/1986

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 783 S Dixie Hwy W
Suite, Apt #, etc
22 Pompano Beach, FL 33060
23 City & State

26 P.O. BOX 70552
Suite, Apt #, etc
27 Ft. Lauderdale, FL 33307
28 City & State

24 Zip
25 Country

29 Zip
30 Country

4. FEI Number

59-2700507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISSMAN, HAROLD
4597 NORTH UNIVERSITY DR.
LAUDERHILL FL 33351

81 Name Dave Widrowicz
82 Street Address (P.O. Box Number is Not Acceptable) 783 S Dixie Hwy W
83 Pompano Beach, FL 33060
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WIDROWICZ, DAVE
STREET ADDRESS 783 SO DIXIE HWY W
CITY-ST-ZIP POMPANO BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Dave Widrowicz President 6/10/96 954-946-4404
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)