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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

783 S. DIXIE HWY. W.  
P.O. BOX 70552  
POMPANO BEACH FL 33307  
US

Mailing Address

P.O. BOX 70552  
P.O. BOX 70552  
FT. LAUDERDALE FL 33307-0552  
US

2. Principal Place of Business

21 Suite, Apt. #, etc. Same  
22 City & State Same  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc. Same  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified

07/11/1986

3a. Date of Last Report

06/13/1996

4. FEI Number

59-2700507

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

DAVE, WIDROWICZ  
783 SO. DIXIE HWY W.  
POMPANO BEACH FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 954 946 4404

Date

Daytime Phone #

CR2E034 (9/96)