Page 1 of 4 SCHEDULE 13G (12/31/97)HEICO CORP NEW Cusip # 422806109 Amendment Page 2 of 4 Cusip # 422806109 Item 1: REPORTING PERSONS Dimensional Fund Advisors Inc. (Tax ID: 22-2370029) CITIZENSHIP Item 4: Delaware Corporation SOLE VOTING POWER Item 5: 330,159 (See Note 1)\* \* Persons who are officers of Dimensional Fund Advisors Inc. also serve as officers of DFA Investment Dimensions Group Inc., (the "Fund") and The DFA Investment Trust Company (the "Trust"), each an open-end management investment company registered under the Investment Company Act of 1940. In their capacities as officers of the Fund and the Trust, these persons vote 170,298 additional shares which are owned by the Fund and 3,120 shares which are owned by the Trust. (Included in Item 7 of this page of this Schedule) SHARED VOTING POWER --Item 6: None Item 7: SOLE DISPOSITIVE POWER --503,577 (See Note 1) SHARED DISPOSITIVE POWER --Item 8: 0 Item 9: AGGREGATE AMOUNT BENEFICIALLY OWNED --503,577 (See Note 1) PERCENT OF CLASS REPRESENTED BY LINE 9 --Item 11: 6.27 (See Note 1) TYPE OF REPORTING PERSON --Item 12: IΑ -----Page 3 of 4 ITEM 1(A). NAME OF ISSUER HEICO CORP NEW ITEM 1(B). ADDRESS OF ISSUER 3000 Taft Street HOLLYWOOD FL 33021-4441 ITEM 2(A). NAME OF PERSON FILING Dimensional Fund Advisors ITEM 2(B). ADDRESS OF PRINCIPAL BUSINESS OFFICE 1299 Ocean Avenue, 11th Floor, Santa Monica, CA 90401 ITEM 2(C). CITIZENSHIP A Delaware Corporation ITEM 2(D). TITLE OF CLASS OF SECURITIES Common Stock

ITEM 2(E). CUSIP NUMBER

422806109

ITEM 3. This statement is filed pursuant to Rule 13d-1 (b), or 13d-2 (b) and the person filing is an investment advisor registered under section 203 of the Investment Advisors Act of 1940.

Page 4 of 4

ITEM 4.	OWNERSHIP
[TEM 4(a).	AMOUNT BENEFICIALLY OWNED
	See Page 2, Item No. 9
[TEM 4(b).	PERCENT OF CLASS
	See Page 2, Item No. 11
	NUMBER OF SHARE AS TO WHICH SUCH PERSON HAS:
(i).	SOLE POWER TO VOTE OR DIRECT THE VOTE
	See Page 2, Item No. 5
(11).	SHARED POWER TO VOTE OR TO DIRECT THE VOTE
	None
(111).	SOLE POWER TO DISPOSE OR TO DIRECT DISPOSITION OF
( = )	See Page 2, Item No. 9
(1V).	SHARE POWER TO DISPOSE OR TO DIRECT DISPOSISTION OF -
	None
ITEM 5.	OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS
	If this statement is being filed to report the fact t
	as of $12/31/97$ the reporting person has ceased to be

- If this statement is being filed to report the fact that as of 12/31/97 the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following: []
- ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON All Securities reported in this schedule are onwed by advisory clients of Dimensional Fund Advisors Inc., no one of which to the knowledge of Dimensional Fund Advisors Inc. owns more than 5% of the class. Dimensional Fund Advisors Inc disclaims beneficial ownership of all such securities.
- ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY: Not Applicable
- ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP Not Applicable
- ITEM 9. NOTICE OF DISSOLUTION OF GROUP Not Applicable
- ITEM 10. CERTIFICATION By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.
- (Note 1): All securities reported on the schedule are owned by advisory clients of Dimensional Fund Advisors Inc. Dimensional Fund Advisors Inc. disclaims beneficial ownership of all such securities.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete are correct.

Signature

Monday, February 6, 1997 Date

Michael T. Scardina Vice President and Chief Finacial Officer Name/Title