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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000061619 (7) DOCUMENT #

OMSYS SERVICES, INC.

FILED Jun 30 1998 8:00am Secretary of State

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Form SS-4

(Rev. February 1998) Department of the Treasury

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

► Keep a copy for your records. Internal Revenue Service Name of applicant (legal name) (see instructions) Dervices. Trade name of business (if different from name on line 1) Executor, trustee, "care of" name Management and Technology Consulting 5a Business address (if different from address on lines 4a and 4b) 4a Mailing address (street address) (room, apt., or suite no.) 5b City, state, and ZIP code 4b City, state, and ZIP code Jacksonville. Florida County and state where principal business is located County, Florida Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) Mickel Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. Estate (SSN of decedent) Sole proprietor (SSN) Personal service corp. ☐ Plan administrator (SSN) Partnership REMIC ☐ National Guard Other corporation (specify) ☐ State/local government ☐ Farmers' cooperative Church or church-controlled organization ☐ Federal government/military __ (enter GEN if applicable) _ Other nonprofit organization (specify) ▶ _ Other (specify) 🕨 State Foreign country If a corporation, name the state or foreign country (if applicable) where incorporated Florida Reason for applying (Check only one box.) (see instructions)

Banking purpose (specify purpose) Changed type of organization (specify new type) ► Corporation Type 5 Started new business (specify type) ►. Purchased going business ☐ Created a trust (specify type) ☐ Other (specify) ▶ Hired employees (Check the box and see line 12.) □ Created a pension plan (specify type) ► 11 Closing month of accounting year (see instructions) Date business started or acquired (month, day, year) (see instructions) First date wages or annulties were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will Highest number of employees expected in the next 12 months. Note: If the applicant does not Nonagricultural Household 13 expect to have any employees during the period, enter -0-. (see instructions) . . . Principal activity (see instructions) Management and No Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ To whom are most of the products or services sold? Please check one box. Business (wholesale) Public (retail) Other (specify) ► □ N/A Has the applicant ever applied for an employer identification number for this or any other business? **⊡**∕No Note: If "Yes," please complete lines 17b and 17c. If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Trade name Legal name Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) | City and state where filed Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) 904)646~czti./ Fax telephone number (include area code) Name and title (Please type or print clearly) > Oday Mickel, Presider 904)642-1057 Date > Signature > Note: Do not write below this line. For official use only.

Please leave, blank ▶

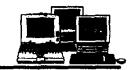
Size

Class

Reason for applying







Management and Technology Consulting

Oday Mickel
Business Consultant

June 17, 1998

Division of Corporations P.O. Box 1500 Tallahassee Florida, 32302-1500

To Whom It May Concern:

Enclosed you will find OMSYS Services response to your letter number: 198A00026991. Your letter requested a FEI number for the firm. After obtaining a SS-4 form, Application for Employer Identification Number, from the IRS; OMSYS Services used the IRS fax service to obtain a FEI number. The fax was lost by the IRS. After waiting the requested time before investigating, a new application was made and the FEI number issued by the IRS. That number was issued on 6/17/98. Therefore the return date of your request fell outside of the 30 day deadline by 3 days.

I request base on the events that happened beyond our control, that you except this reply as being inside of your deadline.

Sincerely,

Oday Mickel President