FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 855489

1. Corporation Name
TEA GROUP INCORPORATED

Principal Place of Business	Mailing Address
1040 Crown Pointe Parkway Suite 800 Atlanta, GA 30338	1040 Crown Pointe Parkway Suite 800 Atlanta, GA 30338

2. Principal Place of Business	2a. Mailing Address
21 1040 Crown Pointe Pkwy.	26 1040 Crown Pointe Pkwy.
Suite, Apt. #, etc. 22 Suite 800	Suite, Apt. #, etc. 27 Suite 800
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip 24 30338 / Country 25 USA	Zip 29 30338 / Country 30 USA

3. Date Incorporated or Qualified: 2/9/1983
3a. Date of Last Report: 1/16/95
4. FEI Number: 58-1467251 ☐ 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
Mr. Robert Hogan
1041 W. Highway 50
Clermont, Florida 32711

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83
84 City: Plantation, FL 85 Zip Code: 33324

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] Alan Farnell, Assistant Secretary April 15, 1996
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	Neurohr, Bruce W.	
STREET ADDRESS	10720 Stroup Road	
CITY-ST-ZIP	Roswell, GA 30075	
TITLE	V.P.	☐ DELETE
NAME	Jones, Charles H.	
STREET ADDRESS	10720 Stroup Road	
CITY-ST-ZIP	~~Roswell, GA 30075~~	
TITLE	Sec'y	☐ DELETE
NAME	Jacobs, Michael	
STREET ADDRESS	1040 Crown Pointe Pkwy., Ste. 800	
CITY-ST-ZIP	~~Atlanta, GA 30338~~	
TITLE	V.P.	☐ DELETE
NAME	Minnich, R.J.	
STREET ADDRESS	1040 Crown Pointe Pkwy. Ste. 800	
CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	Director	☐ DELETE
NAME	Neurohr, Ferdinand G.	
STREET ADDRESS	80 Marina Way, Box 475	
CITY-ST-ZIP	~~Islip, NY~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	900001790209	
5.1 TITLE	-04/23/96--01059--008	☐ Change ☐ Addition
5.2 NAME	***200.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

AEB 4-22-96

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 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] Michael F. Jacobs 4/10/96 770-481-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #