

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000040747 (6)
 1. Corporation Name
BED BATH & BEYOND OF WEST PALM BEACH, INC.



Principal Place of Business 715 MORRIS AVE SPRINGFIELD NJ 07081	Mailing Address 715 MORRIS AVE SPRINGFIELD NJ 07081-1518
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3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 22-3263034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 650 LIBERTY AVE Suite, Apt. #, etc.	2a. Mailing Address 26 650 LIBERTY AVE Suite, Apt. #, etc.
22	27
23 City & State LINCOLN, NJ	28 City & State LINCOLN, NJ
24 Zip 07083	25 Country US
29 Zip 07083	30 Country US

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	EISENBERG, WARREN	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ	
TITLE	VSD	
NAME	FEINSTEIN, LEONARD	
STREET ADDRESS	110 BICOUNTRY BLVD	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	T	
NAME	CURWIN, RONALD	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	650 LIBERTY AVE		
1.4 CITY-ST-ZIP	LINCOLN, NJ 07083		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS	650 LIBERTY AVE		
3.4 CITY-ST-ZIP	LINCOLN, NJ 07083		
4.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	TEMARES, STEVEN		
4.3 STREET ADDRESS	650 LIBERTY AVE		
4.4 CITY-ST-ZIP	LINCOLN, NJ 07083		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 in an attachment with an address.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)