

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038634 (9)

1. Corporation Name
BED BATH & BEYOND OF BRANDON INC.



Principal Place of Business: **715 MORRIS AVE. SPRINGFIELD NJ 07091**
Mailing Address: **715 MORRIS AVE. SPRINGFIELD NJ 07091**

3. Date Incorporated or Qualified: **05/23/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **715 MORRIS AVENUE**
Suite, Apt. #, etc.
22
City & State
23 **SPRINGFIELD NJ**
Zip Country
24 **07081** 25
2a. Mailing Address
26 **715 MORRIS AVENUE**
Suite, Apt. #, etc.
27
City & State
28 **SPRINGFIELD NJ**
Zip Country
29 **07081** 30

4. FEI Number: **22-3320427**
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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESISENBERG, WARREN	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ 07081	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CURWN, RONALD	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ 07081	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, LEONARD	
STREET ADDRESS	110 BI COUNTY BLVD	
CITY-ST-ZIP	FARMINGDALE NY 11735	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EISENBERG, WARREN	
1.3 STREET ADDRESS	715 MORRIS AVE.	
1.4 CITY-ST-ZIP	SPRINGFIELD NJ.	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: Ronald Curwin **Ronald Curwin** 4/25/96 (908) 688-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)