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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

DOCUMENT # **P96000037860 (9)**

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

Principal Place of Business	Mailing Address
715 MORRIS AVENUE SPRINGFIELD NJ 07091	715 MORRIS AVENUE SPRINGFIELD NJ 07081-1518

3. Date Incorporated or Qualified: 05/01/1996
3a. Date of Last Report: INITIAL FILING

2. Principal Place of Business
21 650 LIBERTY AVE
Suite, Apt. #, etc. 22
City & State 23 UNION, NJ
Zip 24 07083 Country 25 US

2a. Mailing Address
26 650 LIBERTY AVE
Suite, Apt. #, etc. 27
City & State 28 UNION, NJ
Zip 29 07083 Country 30 US

4. FEI Number: 22-3476770 ☐ 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 STREET
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 607.1506, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCSD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	EISENBERG, WARREN		1.2 NAME	EISENBERG, WARREN	
STREET ADDRESS	650 LIBERTY AVE		1.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	UNION, NJ 07083		1.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE	PCD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	FEINSTEIN, LEONARD		2.2 NAME	FEINSTEIN, LEONARD	
STREET ADDRESS	110 BI COUNTY BLVD		2.3 STREET ADDRESS	110 BI COUNTY BLVD	
CITY-ST-ZIP	FARMINGDALE, NY 11735		2.4 CITY-ST-ZIP	FARMINGDALE, NY 11735	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	CURWIN, RONALD		3.2 NAME	CURWIN, RONALD	
STREET ADDRESS	650 LIBERTY AVE		3.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	UNION, NJ 07083		3.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE		☐ DELETE	4.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	TEMARES, STEVEN	
STREET ADDRESS			4.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: RONALD CURWIN 4-3-97 908 688-0888