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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S77549 (1)

1. Corporation Name
BED, BATH & BEYOND OF ORLANDO, INC.



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

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

3. Date Incorporated or Qualified 3a. Date of Last Report
09/04/1991 05/01/1996
4. FEI Number Applied For
22-3135492 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
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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS EISENBERG, WARREN
CITY-ST-ZIP 715 MORRIS AVENUE
SPRINGFIELD NJ
TITLE ☐ DELETE
NAME VSD
STREET ADDRESS FEINSTEIN, LEONARD
CITY-ST-ZIP 110 BICOUNTY BLVD
FARMINGDALE NY
TITLE ☐ DELETE
NAME T
STREET ADDRESS CURWIN, RONALD
CITY-ST-ZIP 715 MORRIS AVENUE
SPRINGFIELD NJ
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 GSO LIBERTY AVE
1.4 CITY-ST-ZIP UNION, NJ 07083
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 GSO LIBERTY AVE
3.4 CITY-ST-ZIP UNION, NJ 07083
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME ASST. SECRETARY
4.3 STREET ADDRESS TEMARES, STEVEN
4.4 CITY-ST-ZIP GSO LIBERTY AVE
UNION, NJ 07083
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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

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 4-2-97 908 688-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)