

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 # S83670 (7)
1. Corporation Name
BED BATH & BEYOND OF KENDALL, INC.



Principal Place of Business C/O BED BATH & BEYOND INC. 715 MORRIS AVENUE SPRINGFIELD NJ 07081	Mailing Address C/O BED BATH & BEYOND INC. 715 MORRIS AVENUE SPRINGFIELD NJ 07081-1518
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2. Principal Place of Business 21 G50 LIBERTY AVE Suite, Apt. #, etc. 22 City & State 23 UNION, NJ Zip 24 07083 Country 25 LIS		2a. Mailing Address 26 G50 LIBERTY AVE Suite, Apt. #, etc. 27 City & State 28 UNION, NJ Zip 29 07083 Country 30 LIS		3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 05/01/1996
				4. FEI Number 22-3140892	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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, WARREN	1.2 NAME	
STREET ADDRESS	715 MORRIS AVE	1.3 STREET ADDRESS	G50 LIBERTY AVE
CITY-ST-ZIP	SPRINGFIELD NJ	1.4 CITY-ST-ZIP	UNION, NJ 07083
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINSTEIN, LEONARD	2.2 NAME	
STREET ADDRESS	110 BICOUNTY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGDALE NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURWIN, RONALD	3.2 NAME	
STREET ADDRESS	715 MORRIS AVE	3.3 STREET ADDRESS	G50 LIBERTY AVE
CITY-ST-ZIP	SPRINGFIELD NJ	3.4 CITY-ST-ZIP	UNION, NJ 07083
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ASST. SECRETARY
STREET ADDRESS		4.3 STREET ADDRESS	TEMARES, STEVEN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	G50 LIBERTY AVE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)