

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 8:43

DOCUMENT # 851636 (1)

1. Corporation Name
OXFORD RESOURCES CORP.

Principal Place of Business	Mailing Address
270 SOUTH SERVICE ROAD P.O. BOX 699 MELVILLE NY 11747-7699	270 SOUTH SERVICE ROAD P.O. BOX 699 MELVILLE NY 11747-7699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/18/1982	01/26/1994
22		27		4. FEI Number	Applied For
City & State		City & State		11-2344427	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		6. Election Campaign Financing	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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, typed or printed name of registered agent and title of office (Date) _____
Registered Agent (Typed or Printed Name) _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC	1.1 TITLE	CHAIRMAN/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, MICHAEL C.	1.2 NAME	
STREET ADDRESS	392 DUCK POND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOCUST VALLEY NY	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, CHRISTOPHER S.	2.2 NAME	
STREET ADDRESS	7 WELLINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOCUST VALLEY NY	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUX, STEPHEN	3.2 NAME	DELETE
STREET ADDRESS	16 SHENANDOAH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NESCONSET NY	3.4 CITY-ST-ZIP	
TITLE	PCOO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZI, JOHN A.	4.2 NAME	
STREET ADDRESS	27 WINSLOW LANE	4.3 STREET ADDRESS	45A KING ARTHURS COURT
CITY-ST-ZIP	SMITHTOWN-NY	4.4 CITY-ST-ZIP	ST JAMES, NY 11780
TITLE	SVPT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARK A.	5.2 NAME	
STREET ADDRESS	35 ROBIN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	SENIOR VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, ALEXANDER	6.2 NAME	RALPH PASCUCCI
STREET ADDRESS	120 EAST GRANDA AVENUE	6.3 STREET ADDRESS	72 FACTORY POND ROAD
CITY-ST-ZIP	LINDEHURST NY	6.4 CITY-ST-ZIP	LOCUST VALLEY, NY 11560

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 199.032(1)(b), Florida Statutes. I further certify that the information reflected 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 the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Mark A. Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK A. FREEMAN, SENIOR VP/SECY/TREAS
1-9-95 (S/L) 277-5100