

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 # **851636** (1)

1. Corporation Name
OXFORD RESOURCES CORP.



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

3. Date Incorporated or Qualified: **01/18/1982**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **11-2344427**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 of the corporation or registered agent) (Date) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> DELETE
NAME	PASCUCCI, MICHAEL C.	
STREET ADDRESS	392 DUCK POND RD.	
CITY-STATE-ZIP	LOCUST VALLEY NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	PASCUCCI, CHRISTOPHER S.	
STREET ADDRESS	7 WELLINGTON RD	
CITY-STATE-ZIP	LOCUST VALLEY NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUX, STEPHEN	
STREET ADDRESS	18 SHENANDOAH BLVD	
CITY-STATE-ZIP	NESCONSET NY	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	DANZI, JOHN A.	
STREET ADDRESS	27 WINSLOW LANE	
CITY-STATE-ZIP	SMITHTOWN NY	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	FREEMAN, MARK A.	
STREET ADDRESS	35 ROBIN LANE	
CITY-STATE-ZIP	PLAINVIEW NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLER, ALEXANDER	
STREET ADDRESS	120 EAST GRANDA AVENUE	
CITY-STATE-ZIP	LINDEHURST NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	DELETE
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	45A KING ARTHURS COURT
15. STREET ADDRESS	SAINT JAMES, NY 11780
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	SVT RALPH PASCUCCI
23. STREET ADDRESS	72 FACTORY POND ROAD
24. CITY-STATE-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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARK A. FREEMAN SECRETARY**
Date: **1/15/96** (516) 777-8100 x712
Daytime Phone #

CR2E034 (12/95)