

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 23 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 # 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 11747-0699**

3. Date Incorporated or Qualified **01/18/1982** 3a. Date of Last Report **01/26/1996**

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 11-2344427	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 checked="" type="checkbox"/> No											

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							
					B1	Name						
					B2	Street Address (P.O. Box Number is Not Acceptable)						
					B3							
					B4	City				FL	B5	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 the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC	1.1 TITLE	<input 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	PCOO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZI, JOHN A.	3.2 NAME	
STREET ADDRESS	45A KING ARTHURS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT JAMES NY	3.4 CITY-ST-ZIP	
TITLE	SVPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARK A.	4.2 NAME	
STREET ADDRESS	35 ROBIN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, RALPH	5.2 NAME	
STREET ADDRESS	72 FACTORY DOND RD.	5.3 STREET ADDRESS	72 Factory Pond Road
CITY-ST-ZIP	LOCUST VALLEY NY	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 in an attachment with an address.

SIGNATURE: *Mark A. Freeman* **MARK A. FREEMAN**
SVP/SECY/TREASURER (516) 777-8100 x 712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)